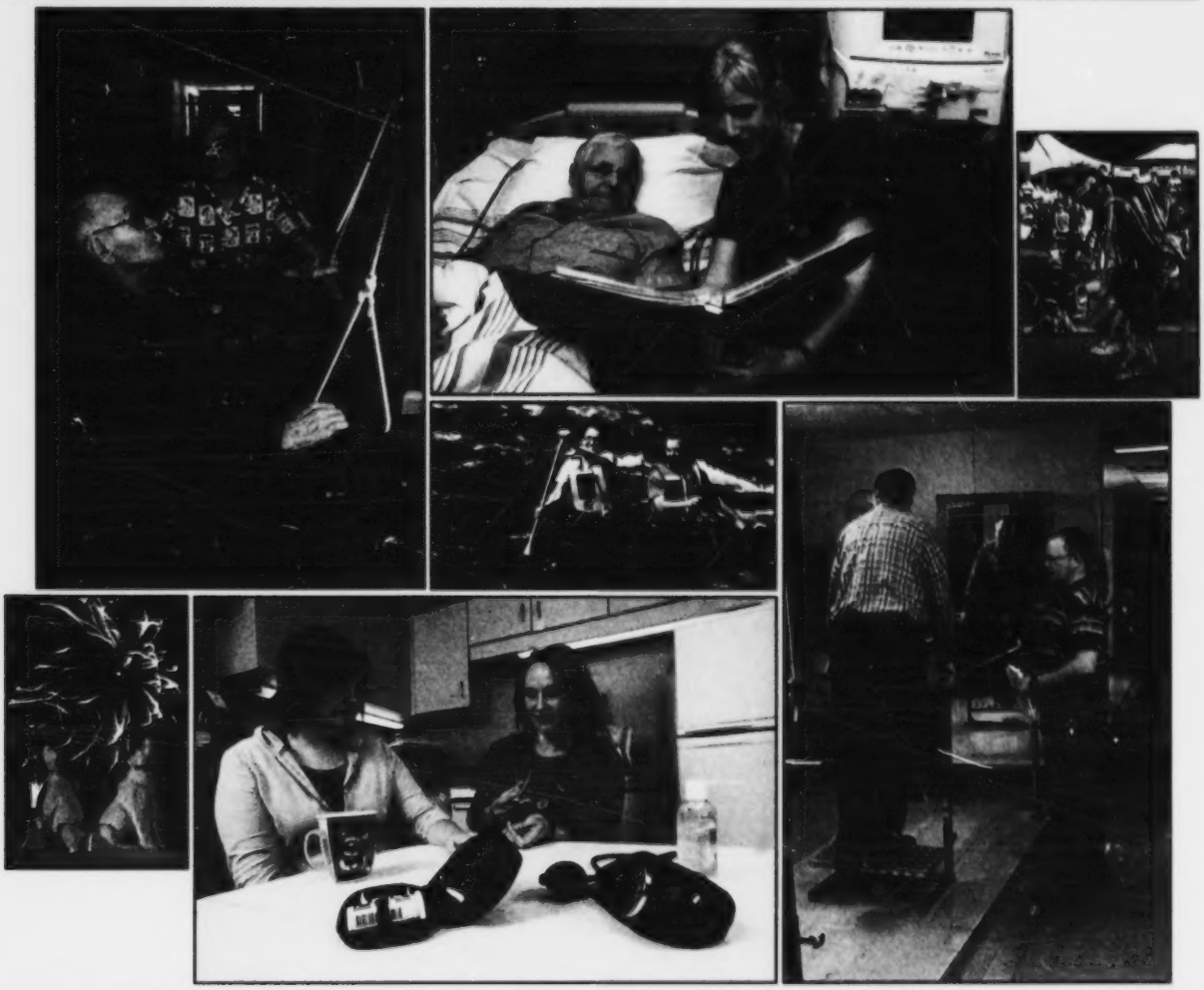
Prince Albert Parkland Regional Health Authority
2006-2007 Annual Report



To the Minister of Health
and the Minister of Healthy Living Services

PRINCE ALBERT PARKLAND
HEALTH REGION

Healthy Living in Healthy Communities

2007-05806/

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The Prince Albert Parkland Regional Health Authority annual report is located on the Internet at:
www.paphr.sk.ca
or
http://www.health.gov.sk.ca/ph_rha_reporting.html

Front cover photos by Thomas Porter Photographics

Letter of Transmittal

PRINCE ALBERT PARKLAND
HEALTH REGION

To: The Honourable Len Taylor
Minister of Health

The Honourable Graham Addley
Minister of Healthy Living Services

Dear Ministers Taylor and Addley,

The Prince Albert Parkland Regional Health Authority is pleased to provide you and the residents of the health region with its 2006-07 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2007.

The Prince Albert Parkland Regional Health Authority had many successes during the fiscal year including the expansion of programs to address children's mental health and addictions, including significant achievements related to Project Hope, and the expansion of inpatient bed capacity at Victoria Hospital. The key to the Health Region's success is the hard work and dedication of our more than 2,000 employees.

Respectfully submitted,

Ray Ewanchuk,
Chairperson

Who we are

The 12 months that were the 2006-07 fiscal year were filled with challenges, opportunities and successes for the Prince Albert Parkland Regional Health Authority.

There were challenges related to the Region's human resources, including physicians in rural communities and other health professionals in many areas of practices. The Region also successfully recruited to fill new positions, highlighted by two Nurse Practitioners and plans for four more.

Several outbreaks of norovirus (the most common strain is known as Norwalk virus) resulted in access restrictions at several of the Region's facilities, including hospitals and long-term care, but also resulted in a better understanding of the importance of infection control measures.

The Provincial Auditor identified childhood immunization rates as a concern. The Region has responded with increased efforts to raise the awareness of why immunizations are important. Two media campaigns and extended clinic hours by Public Health has improved the rates, with goals for further improvements to at least meet the provincial average.

Mental Health and Addiction services were expanded, thanks to targeted funding from the provincial government. The Region recognizes that addictions are a significant problem for many of our residents, and resources and partnerships—including Prince Albert Grand Council—are needed to successfully address those challenges.

Vision:

Healthy People in Healthy Communities

Mission:

People, Families and Communities Working Together Towards Improved Health in Prince Albert Parkland Health Region

We Value:

- *And respect the dignity, rights and cultures of all.*
- *Being fiscally accountable and responsible.*
- *Providing a quality health system that is effective and responsive.*
- *Community involvement in the delivery of quality health care.*
- *Being environmentally responsible.*
- *Ensuring a quality workplace where our employees and volunteers feel supported, encouraged, and appreciated personally and professionally.*

Whispering Pine Place—Canwood

Valuable partnerships

The Region continues to work with many community groups and partners in efforts to achieve our Vision and Mission. This included the historic signing of a Memorandum of Understanding with the Prince Albert Grand Council and plans to incorporate the Prince Albert Council for Alcohol and Drug Abuse into the Region.

The Health Region's 2,000-plus employees have daily contacts with the people who are residents of our long-term care facilities, in our hospitals, seeing counselors, visits by home care or meeting with public health nurses. There are visits with public health inspectors, information presentations by health promotion staff, therapy sessions, and a multitude of diagnostic tests performed.

Our employees are responsible for delivering care to those people and following through on the Prince Albert Parkland Regional Health Authority's Mission. Our Mission and Vision builds on Saskatchewan Health's vision of "Building a province of healthy people and healthy communities."

The Regional Health Authority guides those people through its Mission, Vision and Values. The Authority's Ends policies focus on delivery of quality health care and a rewarding work environment for its staff. These Values guide the development of the RHA's Ends Policies and its relationship with the Chief Executive Officer. The Health Region's administrative structure reflects the responsibility for effective, caring program delivery.

In addition to our programs and services to the more than 77,000 people who live in the Region, Prince Albert Parkland's Regional Health Centre site in Prince Albert is the major hospital referral centre for a variety of medical specialty needs of people across north and north-east Saskatchewan.

Who we are

Through Victoria Hospital, Prince Albert Parkland Health Region provides the broadest scope of acute medical specialty services offered outside of the tertiary centres in Saskatoon and Regina. Those services include pediatrics, orthopedics, internal medicine, general surgery, ophthalmology, obstetrics and gynecology, dental surgery, urology, pathology, radiology, psychiatry and otolaryngology (ear, nose and throat) and podiatry.

There are three vice-presidents: Acute and Emergency Services, Supportive Care and Primary and Community Care, each of whom are responsible for program delivery in their portfolio. The Chief Human Resources Officer and Chief Financial Officer have responsibilities for support services. Details of responsibilities are listed in the organizational chart on Page 7.

In order to deliver the necessary programs and services, the Region partners with a number of organizations. The largest single partner is Mont St. Joseph, an affiliated special care home in the City of Prince Albert.

Other community-based partners provide services in a number of areas, including addiction services, mental health services, crisis support services and primary care. The Region also has responsibility for contracted ambulance services based in Prince Albert, Big River, Spiritwood and Blaine Lake.

The Region requires that reporting mechanisms be followed by partners and is working to further strengthen accountability reporting from all of the health care organizations that receive funding. The goal is to ensure the organizations and the Region are delivering necessary services to the people who need it in the most cost-effective method. A list on Page 8 outlines the Health Region's relationships and the programs delivered by those organizations.

Diagnostic Services-Victoria Hospital

In the latter part of 2006-07, preparations began for the integration of the Prince Albert Council on Alcohol and Drug Abuse organization into the Health Region. The board of directors for the community-based organization had approached the Region about amalgamation due to challenges related to its own financial viability and the need to ensure continued services. The amalgamation process is expected to be concluded in the first quarter of the 2007-08 fiscal year.

Human Resources challenges

The senior management team provides leadership for the Region's employees. Human Resources is the Region's most significant future challenge—recruiting and retaining qualified staff at all levels will be a major challenge to sustainability. The situation is common across all health-care professionals, from physicians (including specialists and general practitioners) to nurses, and from technologists to therapists. The challenge of recruiting and retaining employees is evident throughout the Region.

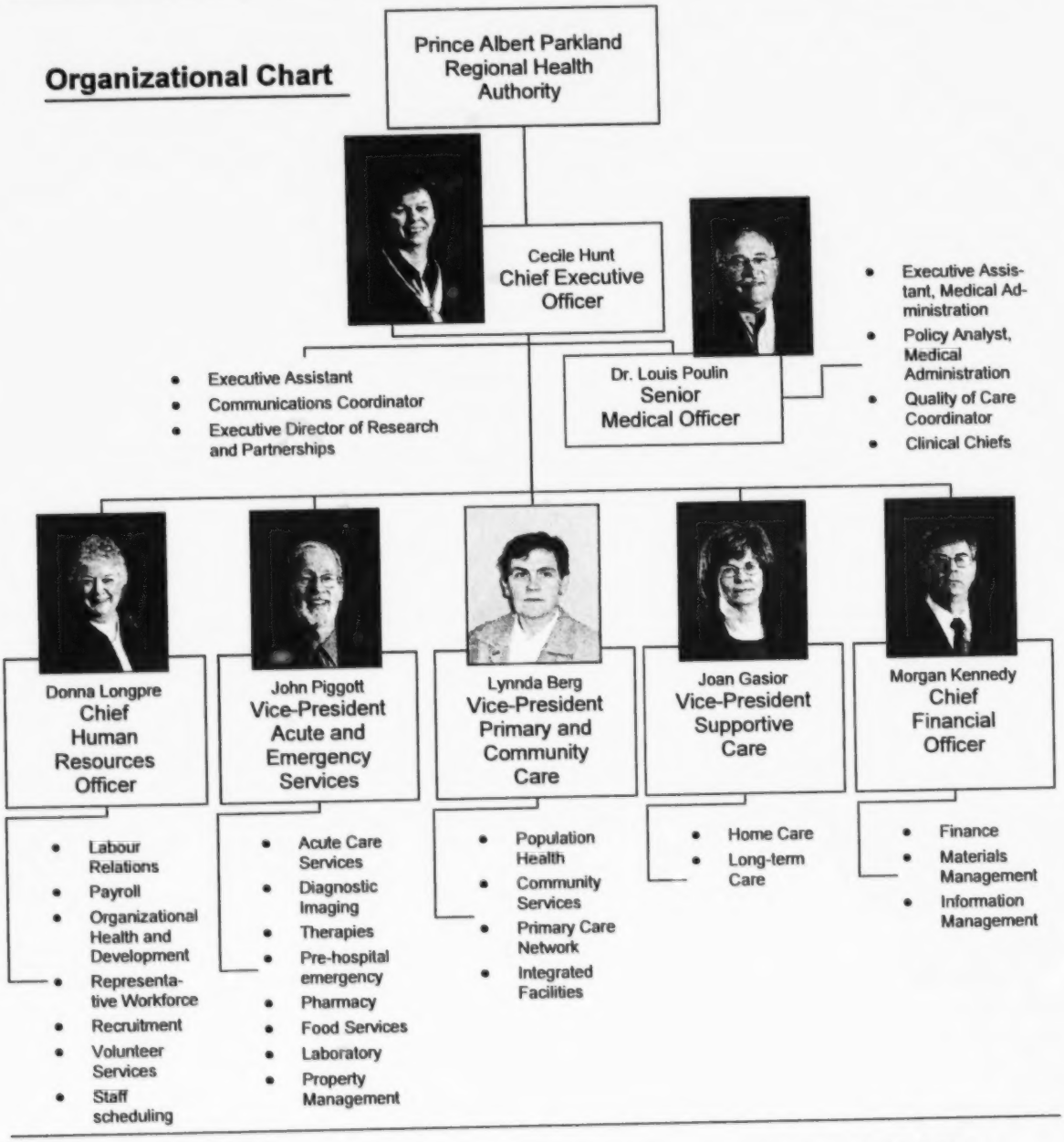
The Region's rural physician complement was again challenged in 2006-07. The arrival of two physicians in Spiritwood was offset by the loss of a long-time resident physician leaving this community. Efforts to maintain the service levels were made; however, since the end of October 2006 emergency and inpatient acute services have been suspended. As of the end of 2006-07, recruitment efforts have not been successful. Big River has also been impacted by lack of physician resources. The Health Region, with strong support from Prince Albert-based family physicians, was able to provide enough locum assistance to the one resident physician to maintain services. The lack of physician resources in those two communities has put additional pressure on the physicians in Shellbrook, who also lost one physician during the past year. The Region is working with the physicians and with the local communities to explore options to ensure necessary services are maintained.

Shortages of health human resources impacts both the ability to deliver quality service to the people in the Region, as well as the financial stability of the Region's operations. Many of the vacant positions have resulted in extensive use of overtime to ensure continuous coverage. That puts pressure on the Region's finances, as well as the quality of life and morale of our employees.

In the Spring of 2006, the Regional Health Authority's board of directors requested of Saskatchewan Health that a review be conducted to examine all aspects of the Region's operations, after the Region was

Who we are

Organizational Chart



not able to submit a balanced budget for ministerial approval. Saskatchewan Health contracted Deloitte to conduct the operational review, which began in the fall of 2006.

While the final recommendations and priorities are still to be determined and they will inform the Region's strategic plan, Saskatchewan Health increased the Region's funding by $1.5 million to address operating pressures identified by the review. That additional funding, along with allocations to help with expenses related to the norovirus outbreak and funding for the addition of a new statutory vacation day in February, resulted in Prince Albert Parkland recording its first operating surplus since 2002. Going forward, the Region intends to continue to examine its operations to develop better financial stability.

Who we are

Health Care Organizations and Third-Party Relationships

- **Prince Albert Council on Alcohol and Drug Abuse Centre (PACADA):** outpatient alcohol and drug services for residents, a full range of adult addictions services including counseling, Driving Without Impairment program, and support groups. Separate funding is received for the Safe Driving program, which is funded in partnership with SGI. Work is underway to amalgamate PACADA with the Health Region.
- **Self Help and Recreation Education (SHARE):** vocational and pre-vocational opportunities for persons with mental illness in Prince Albert; a group home for clients discharged from Mental Health Inpatient Villas at the Victoria Hospital.
- **Canadian Mental Health Association:** assists people with emotional and mental illnesses to live in the Prince Albert community independently. CMHA has clients in low-skilled jobs and pre-vocational training. This is done through obtaining employment at As Good As New (a used clothing store in Prince Albert), obtaining skills through the quilting projects, shopping skills project, and other life skills.
- **Family Futures:** provides parent support for the geographic area of the former Prince Albert Health District. Workers provide counseling, referral and emotional support to high risk parents with preschool children.
- **Prince Albert Co-operative Health Centre:** the Methadone Program for IV drug users; physician services at the Birch Hills Health Centre – one of the Region's Primary Care sites; the Dental Project, a school-based dental treatment program for several schools within the City of Prince Albert. Two PAPHR Nurse Practitioners provide service at this clinic.
- **Prince Albert Grand Council:** the Kookum Project which links an Aboriginal Elder with an IV drug user on the Methadone program.
- **Mobile Crisis Cooperative:** provides 24-hour service to clients in crisis, with services including a crisis phone line, mobile workers who attend to the clients and a sexual assault program.
- **Mont St. Joseph Home:** is a 120-bed affiliate Long-Term Care facility. Prince Albert Parkland provides funding, received from Saskatchewan Health, to cover some of the operational costs.
- Ambulance services are contracted from **Parkland Ambulance Care** (Prince Albert), **Blaine Lake Ambulance Care, Spiritwood Ambulance Care** and **Big River Ambulance Care**. There are also agreements with WPD Battleford and Melfort Ambulance Care to provide service to parts of the Prince Albert Parkland that are in close proximity.

The inability to balance operations in previous years has put the Region at a disadvantage, particularly regarding working capital. Prince Albert Parkland is accessing its line-of-credit more frequently. The Region has been working with Saskatchewan Health to ensure adequate cash flow to meet demands. The Region must develop strategies to improve financial stability in order to ensure it can continue to deliver the needed services and programs.

Therapies-Victoria Hospital

Program expansion

Financial and human resource challenges are only part of the story of 2006-07 for the Prince Albert Parkland Health Region. There are new programs and increased capacity in existing programs

Additional beds were opened on Level 6 at Victoria Hospital in February 2007. The floor will eventually have 28 beds. That will result in fewer beds on each of floors 4, 5 and 6, but an overall increase of 15 inpatient beds at Victoria Hospital to address one pressure.

The work to open additional beds required several other programs to be relocated. The Rural Family Medicine Residency program will eventually join the library and other administration programs in the area occupied by Human Resources in the Herb Bassett Home. Human Resources and the Corporate Office will be joining the Finance Department at the 1521 6th Ave. West office building. The lower level of Victoria Square will also be available for the expanded Mental Health outpatients department, including new staff to address cognitive disabilities.

Mental Health, especially cognitive disabilities programs and the Children's Mental Health Action Plan, as well as Addiction Services, through Project Hope, have seen significant growth to address those emerging priorities.

Expansion of existing programs and new services are just part of the Region's continued focus on the delivery of quality health care for the more than 1,500 patients, residents and clients our employees interact with every day.

Who we are

2006 Health Excellence Award Winners

Patti Sayer,
Director of Home Care
Quality of Work

Brandyne Reinholdt,
Health Information Management Practitioner,
Shellbrook Hospital
Attitude

Karin Kildaw,
Director of Rehabilitation & Residential Services
Client-Centred

Obstetrical Nursing Team (Victoria Hospital) - Teamwork

Carmen Kowalczyk,
Public Health Nurse, Shellbrook
Lifetime Achievement

Val Wasden,
Combined Laboratory and X-Ray Technician,
Spiritwood & District Health Complex
Peer Support

Sharan Kruger,
Volunteer, Herb Bassett Home & Victoria Hospital
Volunteer

Governance and Transparency

Ray Ewanchuk, Chairperson

Lionel Ferguson

Lorraine Saam

Phil Morin

Jack Boechler

The Prince Albert Parkland Regional Health Authority is responsible for the delivery of care to residents of the third most populous Region in Saskatchewan. The Region also serves as a major referral centre for much of Northern Saskatchewan, in addition to other health regions for some specialized medical services.

The Authority is composed of up to 12 members appointed by the Minister of Health, and receives jurisdiction through the Regional Health Services A[illegible]which was proclaimed on August 1, 2002. As of March 31, 2007, there were two vacancies on t[illegible]e board of directors after two members (Angelique Haysom and Brenda Green) resigned during the fiscal year.

Prince Albert Parkland RHA is a policy governance board, and has its specific role defined by the "Roles and Expectations of the Minister of Health and Saskatchewan's Regional Authorities."

Health Regions have the responsibility for delivering the following services:

⇒ Hospitals;
⇒ Health centres, wellness centres, and social centres;
⇒ Emergency response services, including first responders, ambulance;
⇒ Supportive Care, such as long-term care, day programs, respite, palliative care and programs for patients with multiple disabilities;
⇒ Home care;
⇒ Community health services, such as public health nursing, public health inspection, dental health, vaccinations, and speech pathology;
⇒ Mental health services; and
⇒ Rehabilitation services.

Administration and staff ensure the day-to-day delivery of those services and programs, while the Authority has six key areas of responsibility:

⇒ Strategic planning;
⇒ Fiscal management and reporting;
⇒ Relationships;
⇒ Quality management;
⇒ Monitoring, evaluation and reporting; and
⇒ Management and performance.

For these six areas the Prince Albert Parkland Regional Health Authority is guided in its decision-making process by its own Mission, Vision and Values, along with those outlined in "The Action Plan for Saskatchewan Health Care."

The Authority has developed a committee structure to further those goals. Standing committees include the Committee of the Whole, Practitioner Liaison Council (formerly Joint Conference Committee), Rural/Urban Community Advisory Network and First Nations Community Advisory Network. The board also introduced a finance/audit committee during the last fiscal year.

The Rural/Urban Community Advisory Network and First Nations Community Advisory Network have representatives from communities and First Nations throughout the Region. They provide feedback to board about initiatives and strategic planning, and provide an opportunity to raise issues affecting health-care services.

The Authority holds meetings on the final Wednesday of each month (December scheduled earlier) alternating between Prince Albert and other communities in the Region. The meetings are open to the public, and agenda materials are available on a subscription basis the day of the meetings.

The meeting materials include detailed monitoring of the Authority's Ends policies, outlining how the Region is performing in terms of its goals. There are also presentations at most meetings by members of the Region's Quality/Accreditation Teams.

The Quality Teams include a broad cross-section of Health Region employees, and often include at least one representative of the public. The initial reports to the Authority discuss the recommendations from the accreditation process, the challenges the teams have identified and the current action plans to address the issues before the next Accreditation visit in June 2007.

In addition to the public Authority meetings, the board strives to be open and accountable for its decisions. Following each regular meeting information regarding decisions and agenda items is included in a highlights package sent to media covering the region, as well as municipal (urban and rural) offices and First Nations communities.

Governance and Transparency

Howard Gange, Vice-Chair

Patricia Leson

Cecile O'Neil

Irene Attrux

Don Code

The Region has a quarterly newsletter (Prince Albert Parkland News), to provide information directly to the public about the Health Region's activities and announcements.

As part of government's commitment to accountability and transparency, the Department of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures. That information can be found in Appendix A

Prince Albert Parkland Health Region's 2006-07 Payee Disclosure List can be accessed at http://www.health.gov.sk.ca/ph_rha_reporting.html.

Copies of the Payee Disclosure List may also be obtained by contacting Prince Albert Parkland Health Region at (306) 765-6400.

As well as working with the people of the Region, the Authority and senior executives are emphasizing a stronger relationship with staff in the Region. Members of the Authority conduct direct reviews regarding treatment of staff and volunteers.

MOU signing ceremony

Phil Morin, RHA board member and co-chair of the First Nations Community Advisory Network welcomes Minister of Health Len Taylor, other dignitaries and the public to the Prince Albert Parkland Regional Health Authority and Prince Albert Grand Council Memorandum of Understanding signing ceremony in June 2006.

Community Advisory Networks

First Nations Community Advisory Network:

Co-chairs: Phil Morin, PAPRHA board of directors
Ernie Sauve, Prince Albert Grand Council Health Director

Members:

Wayne Ahenakew, Ahtahkakoop Cree Nation
Penny Burns, James Smith Cree Nation
Lyndon Tieszen, Mistawasis First Nation
Deanna Greyeyes, Muskeg Lake Cree Nation
Juanita Larson, Muskoday Health Centre
Shirley Bighead, Sturgeon Lake First Nation
Deloris Fineday, Witchekan Lake First Nation
Ray Ewanchuk, PAPHR board of directors
Lorette Dreaver, Big River First Nation
Eliza Bird, Little Red Health Clinic
Charles Whitecap, Montreal Lake Cree Nation
Ernie Dreaver, Muskoday First Nation
David Thomas, Pelican Lake First Nation
Stephanie Bird, Wahpeton Dakota Nation

Cecile O'Neil, PAPHR board of directors

Rural/Urban Community Advisory Network:

Chair: Ray Ewanchuk, PAPHR board of directors

Members:

Charmaine Bergman, Prince Albert
Lyle Karasiuk, Prince Albert
Jim Laing, Prince Albert
Doug Oleksyn, Prince Albert
Carol Pryznyk, Birch Hills
Vince Robillard, Holbein
Etta Sackney, Candle Lake
Alice Tataryn, Christopher Lake
Phil Morin, PAPHR board of directors
Karen Elliott, Christopher Lake
Brent LaFleur, Prince Albert
Stan Novicki, Hafford
Richard Porter, Shellbrook
Bruce Reed, Big River
Edwin Rundbraaten, Birch Hills
Diana Stachniak, Christopher Lake
Harvey Wendel, Shellbrook
Cecile O'Neil, PAPHR board of directors

Our Region

Prince Albert Parkland is the third-most populous health region in Saskatchewan, with a population of 76,459 (Saskatchewan Health, Covered Population, June 2006). Prince Albert Parkland covers the geographic area from Kinistino in the southeast to Big River in the northwest, and from Candle Lake in the northeast to Hafford in the southwest.

The largest population centre is the City of Prince Albert, with more than 40,000 residents. More than 70 per cent of the Region's residents live within 30-minutes driving time of the City of Prince Albert. Where people live in the Region does present challenges to ensure access to necessary services. Outside of the Prince Albert radius, the population density declines substantially.

There are eight other communities in the Region that have more than 1,000 population:

- Big River First Nation 1,614
- Shellbrook 1,603
- James Smith Cree Nation 1,372
- Ahtahkakoop First Nation 1,356
- Spiritwood 1,218
- Sturgeon Lake First Nation 1,195
- Birch Hills 1,192
- Big River 1,117

There are also six Rural Municipalities that have populations of more than 1,000 residents:

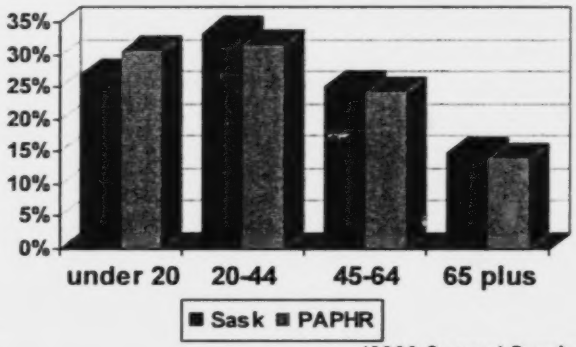
- RM of Buckland 1,935
- RM of Shellbrook 1,296
- RM of Prince Albert 1,292
- RM of Canwood 1,166
- RM of Lakeland 1,095
- RM of Spiritwood 1,021

Four of the largest communities outside of Prince Albert are First Nation reserves. The Prince Albert Parkland Health Region has one of the highest percentages and overall populations of both First Nations and other Aboriginal peoples (Métis and Inuit) of all the Saskatchewan Health Regions.

Aboriginal Peoples (First Nation, Métis and Inuit) comprise more than 31 per cent of the Prince Albert Parkland residents (Statistics Canada). That is much higher than the Saskatchewan rate of 13.6 per cent and the Canadian rate of 3.4 per cent. Except for the three northern regions, PAPHR has Saskatchewan's highest percentage of Aboriginal population as a proportion of total population.

The Aboriginal population tends to be younger than the rest of the province. This likely plays a significant role in Prince Albert Parkland having a higher percentage of young people (under 20) than the rest of Saskatchewan (see Chart 1).

Chart 1: Population by Age Category



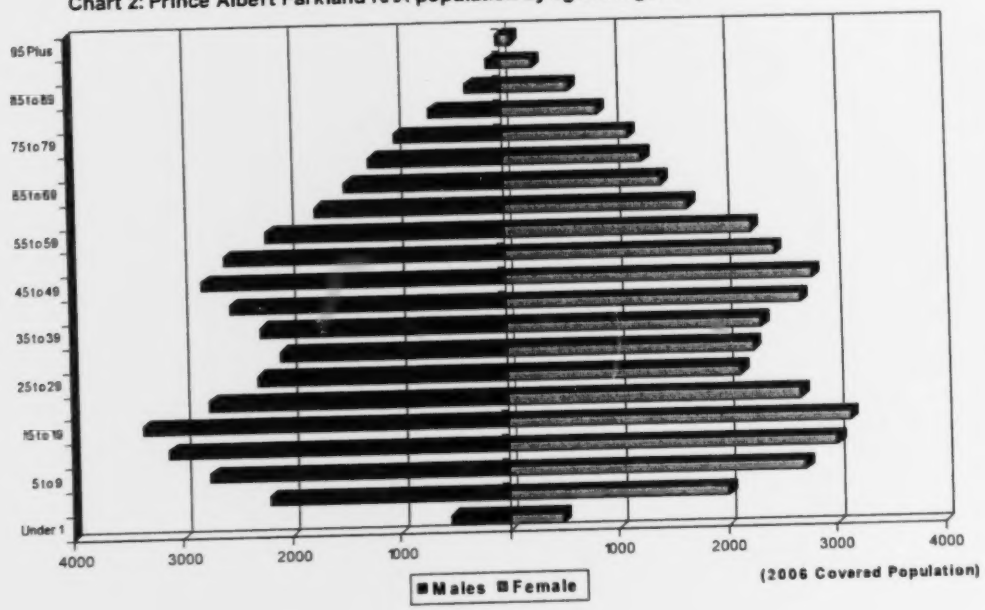
(2006 Covered Popula

The Region's age breakdown (Chart 2, Page 13) shows two separate population bulges. One is a group of people in upper middle age—45 to 65 years of age—while the other bulge is in the group under 25.Those two population groups have very different health care needs. The older group is likely to utilize services related to aging—internal medicine, orthopedics and others. The younger group includes children and people having children, and creates a demand for pediatric and obstetrical services.

In addition to providing services for children and expectant parents from the Region, Prince Albert Parkland is also a referral centre for those services for the residents of neighbouring Regions, including Mamawetan Churchill River which has an even younger population profile than Prince Albert Parkland.

Planning for future service needs requires the Regional Health Authority to consider the very distinct needs of both of these large population groups. That means an emphasis on recruitment of specialist services to ensure there is capacity to meet the health care needs as close to home as possible.

Chart 2: Prince Albert Parkland RHA population by age and gender



Health status challenges

The demographics of the Region present challenges for service delivery, both in terms of what people need and where they live. Another significant factor is related to the influences and current health status of the Region's population.

The health of an individual can be affected by a number of factors, including education and income levels. Prince Albert Parkland Health Region has a number of determinants of health (Table 1) that can result in poorer health among residents of the Region.

The overall unemployment rate, and the youth unemployment rate, are both higher than the national average. That may play a role in the Region's dependency ratio being 80.9, while the national average is 59.6. That ratio indicates that 81 people out of every 100 people in the Region are dependant upon others to provide for them. That could include children or the elderly who are not working, as well as others of normal working age who, for whatever reason, rely on others (including governments) to support daily living.

Other factors to consider include Prince Albert Parkland having more lone-parent families than elsewhere in Canada and fewer high school graduates (75.1 per cent compared to the national rate of 85.3 per cent).

Table 1: Determinants of Health
(Statistics Canada 2005, unless noted)

Indicator	PAPHR	Canada
Dependency ratio per 100 persons	80.9	59.6
Lone parent families (2001)	18.4%	15.7%
Unemployment rate (2006)	7.3%	6.3%
Youth Unemployment Rate 2006)	13.2%	11.6%
High School Graduates (2001)	75.1%	85.3%
Average personal income (2001)	$23,889	$29,769

Another factor that is becoming increasingly important is the relationship between income and health status. For example, a study done by the Saskatoon Health Region and released in the fall of 2006 examined the health status by neighbourhood in the City of Saskatoon. It found a strong correlation between lower income areas and poorer health status. The results of that survey indicate that Prince Albert Parkland may have challenges related to health status due to a much lower personal income average when compared to the rest of Canada ($23,889 for PAPHR residents and $29,769 for Canada). Income and wealth require further examination as an influence on health status, including in particular the cost of housing and food.

Our Region

While the factors that influence health status are of concern both now and into the future, the current health status of the Region's residents is a significant concern today. There are a number of indicators that demonstrate challenges for the Region and its partners for improving the health of the populations.

The residents of Prince Albert Parkland do not, on average, rate their health as high as other people in Saskatchewan or Canada (Table 2). PAPHR residents are more likely to rate their health as fair or poor than either Saskatchewan or Canada (PAPHR 14.8 per cent, Saskatchewan 12.8 per cent, Canada 11.2 per cent).

One trend that is consistent with the rest of Canada, is that women in Prince Albert Parkland are likely to rate themselves as less healthy than men. In Prince Albert Parkland, 53.6 per cent of men will rate their health as very good or excellent, while only 50.7 per cent of women rate in the same category. Additionally, only 11.8 per cent of men rate their health as fair or poor, while 17.7 per cent of women do the same.

That disparity between men and women may be related to chronic conditions (Table 2). Prince Albert Parkland has higher rates for arthritis, diabetes and high blood pressure than both Saskatchewan and Canada.

Within Prince Albert Parkland, women have high rates for arthritis (23.2 per cent for women and 17.3 per cent for men), and high blood pressure (21.2 per cent for women and 15.7 per cent for men). Men in Prince Albert Parkland are more likely to have diabetes (7.8 per cent to 5.5 per cent for women).

This Region also has a higher rate of people whose Body Mass Index (Table 2) is either overweight or obese, and that applies to both men and women. Within the Region, men are more likely to have a higher BMI than women. Men are more likely to be overweight (BMI between 25-29.99) at 42.5 per cent when compared to 33.6 per cent of women. When it comes to obesity, 32.6 per cent of men have a BMI of 30 or more, compared to 20.3 per cent of women.

Both men and women in Prince Albert Parkland tend to be inactive when it comes to leisure time physical activity (Table 3) when compared to their counterparts in Saskatchewan and Canada. Women in PAPHR are more likely to be inactive (50.4 per cent) than men (48.7 per cent).

Women are also more likely to have higher levels of life stress (Table 3) in Canada, Saskatchewan and the Prince Albert Parkland Health Region. The only change from the national and provincial trends in the "Quite a Lot" category, where men in Prince Albert Parkland are more likely (19.4 per cent) to have a "Quite a Lot" of life stress than women (15.4). Men are also more likely to have "None at All" (11.1 per cent) when compared to women (8.8 per cent) in this Health Region.

Table 2: Health Status Indicators (Statistics Canada 2005, unless noted)

Indicator	PAPHR	Sask.	Canada
Self-rated health as very good or excellent	52.1%	58.1%	66.1%
Body Mass Index			
- Normal (18.5-25)	30.9%	39.4%	46.2%
- Overweight (25-29.99)	38.0%	35.6%	33.4%
- Obese (30-plus)	26.4%	20.6%	15.5%
Chronic conditions			
- Arthritis	20.3%	19.0%	16.4%
- Diabetes	6.6%	5.1%	4.9%
- Asthma	6.7%	8.5%	8.3%
- High Blood Pressure	18.5%	15.9%	14.9%

Table 3: Health Status Indicators (Statistics Canada 2005, unless noted)

Indicator	PAPHR	Sask.	Canada
Leisure Time Physical Activity			
- Active or moderately active	48.0%	49.2%	51.0%
- Inactive	49.6%	48.5%	46.7%
Life Stress			
- Not at all	9.9%	9.6%	12.0%
- Some	72.1%	68.5%	64.4%
- Quite a lot	17.4%	21.2%	23.2%

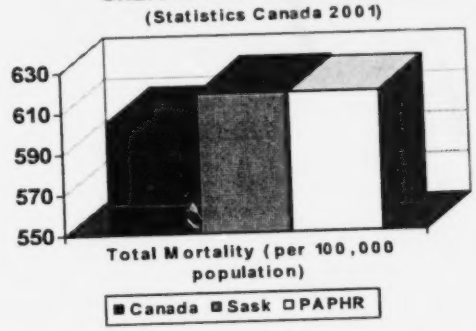
Table 4: Health Status Indicators (Statistics Canada 2005, unless noted)

Indicator	PAPHR	Sask.	Canada
Age of smoking initiation of current and former smokers			
- 5-14 years old	43.5%	38.6%	36.6%
- 15-19 years old	44.4%	48.0%	47.7%
- 20 years old or older	8.3%	10.9%	13.5%
Type of smoker			
- Current	31.5%	23.8%	21.7%
- Former	34.4%	39.2%	38.4%
- Never	33.6%	38.4%	39.4%
Consumption of 5 or more alcoholic beverages at one time per year			
- Never	46.9%	44.7%	50.4%
- once, less than 12	26.1%	28.6%	25.5%
- 12 or more	24.6%	24.9%	21.8%

The relationship to self-rated health and the practice of risky lifestyle behaviours such as binge drinking and smoking, requires further analysis. Table 4 notes that these two behaviours are higher in the health region than the rest of Canada.

Current or former smokers in Prince Albert Parkland were more likely to have started smoking at a younger age, for both men (47.8 per cent were initiated before the age of 14) and women (39.0 per cent at the same age). Only 8.3 per cent of current or former smokers in this Health Region started after the age of 20, which is significantly lower than Saskatchewan or Canada. Prince Albert Parkland also has a much higher rate of smoking than other jurisdictions (Table 4). Than includes more than one in three men (35.1 per cent) and 27.9 per cent of women. Only one in three men and slightly more (37.2 per cent) women have never been occasional or daily smokers.

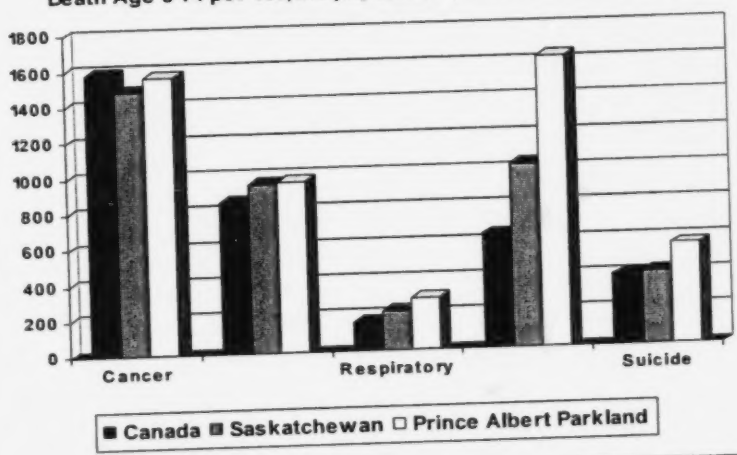
Chart 3: Total Mortality Rate
(Statistics Canada 2001)



At first glance, residents of Prince Albert Parkland appear to have similar drinking habits to the rest of Saskatchewan (Table 4). However, drinking practices between men and women in this Region are significantly different. Thirty-six per cent of men in the Region have five or more alcoholic beverages more than 12 times each year. That compares to 34.5 per cent for Saskatchewan men and 30.5 per cent for Canadian men.

Women in Prince Albert Parkland are about the same as elsewhere in Canada at 12.7 per cent. Women in this Region are more likely (63.2 per cent) to never have more than five alcoholic beverages at once than women in Saskatchewan (57.2 per cent) or Canada (62.2 per cent).

Chart 4: Potential Years of Life Lost by Leading Causes of Death Age 0-74 per 100,000 population (Statistics Canada 2001)



Assessing impact of high-risk behaviour

The impact of those choices, and other high-risk behaviours, including those related to illegal use of drugs, requires the Region to focus on how to help improve the choices people are making. The Region's overall mortality rate (Chart 3) is not significantly different than the rest of Saskatchewan. What is different is when people are dying—and what they are dying from. The number of Potential Years of Life Lost (people who die before age 75), is significantly higher for Prince Albert Parkland (Chart 4). While the mortality rates are similar, people in Prince Albert Parkland are dying younger, particularly from unintentional injuries.

Table 5: Life expectancy (Statistics Canada 2001)

Indicator	PAPHR	Sask	Canada
Life expectancy at birth			
- Both sexes	78.5	79.0	80.2
- Men	75.6	76.2	77.8
- Women	81.4	81.8	82.6
Life expectancy at age 65			
- Both	19.8	19.0	19.5
- Men	17.7	16.9	17.7
- Women	21.8	20.9	21.0

Another striking indicator is the life expectancy for Prince Albert Parkland residents when compared to Saskatchewan and Canada (Table 5). At birth, life expectancy for both men and women in Prince Albert Parkland is less than Saskatchewan and Canada. However, if a resident of Prince Albert Parkland reaches age 65, they can expect to live at least as long, if not longer, than others in Saskatchewan and Canada—for both men and women.

Our Region

Those numbers are painting a picture of a Region that shows a higher rate of people dying at younger ages in Prince Albert Parkland than the province or country as a whole. If an individual reaches age 65, they will live just a long as 65-year-olds elsewhere in Canada. That does not mean; however, that they are just as healthy.

The Region's disability-free life expectancy at birth (Statistics Canada, 1996) is only 67.2 years, more than one year less than the provincial rate of 68.3 years. That variance is present for both women (68.7 years for PAPHR and 70.0 years for Saskatchewan) and men (65.8 for PAPHR and 66.6 for Saskatchewan). For women, the difference between the Region and Saskatchewan disappears at age 65, with both having 12.7 years of disability-free life expectancy. For men, the Region closes the gap to 11.0 years compared to 11.2 years for Saskatchewan. The difference overall is 11.9 years for PAPHR and 12.0 years for Saskatchewan.

The unintentional injury deaths (Chart 4, Page 15) and suicides are a contributing factor in the Region's challenges related to the younger population. Hospitalizations for injuries in PAPHR are also higher than the province for men and women for younger age categories.

However, the Region's suicide rate has seen a dramatic decline when compared to the rest of Saskatchewan (Chart 5). Not enough analysis has been done to determine if the change is a result of more successful suicide prevention programs, or if it involves other factors.

Chart 5: Suicide rate per 100,000 residents
(Saskatchewan Health)

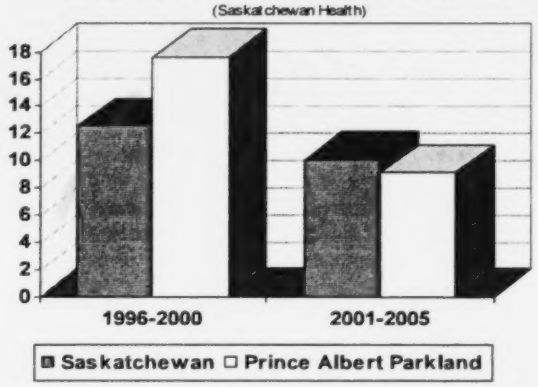
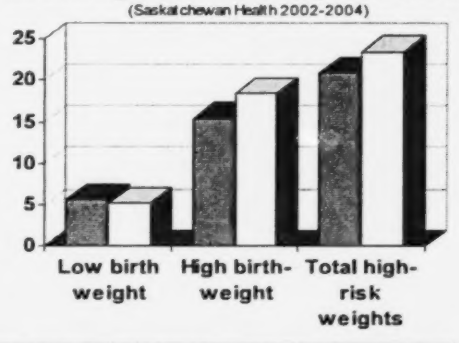


Chart 6: High-risk birth rates (% of live births)
(Saskatchewan Health 2002-2004)



The rate for injury requiring hospitalization in PAPHR for females is 8.5 per 1,000 population aged 0-19, while for males the rate is 13.5. That compares to Saskatchewan's rate of 6.9 for females and 10.4 for males. The comparison changes as people age, with Prince Albert Parkland and Saskatchewan rates similar between 45 and 65 years of age, and Saskatchewan having a higher injury rate after age 65 (Saskatchewan Health).

The challenge related to injuries to young people and the resulting disabilities in later life are added to by challenges at the start of life. Prince Albert Parkland Health Region has a higher rate of high-risk births, particularly high birth weight rates (Chart 6). The high birth weight rate may be attributed to the Region's higher rate of diabetes (Table 2, Page 14), but a more thorough examination is required to determine if that is the case. Prince Albert Parkland's infant mortality rate (Saskatchewan Health, 2002-2004) is similar to the rest of the province (5.8 deaths per 1,000 live births in PAPHR vs. 5.9 for Saskatchewan).

Health status indicators demonstrate the challenging epidemiology facing Prince Albert Parkland. There is a significant portion of the population that is quite healthy, with long life expectancy. Another segment struggles with chronic conditions and requires health-care services for a longer portion of their lives. There is another younger population that is high-risk for suicide, unintentional injuries and early death.

The health status indicators and the determinants of health are a significant focus for the health region as it develops its strategic plan. A key component will be the publication of a health status report, with this report expected in the first half of the 2007-08 fiscal year.

In order to address the health problems and strive towards the Regional Health Authority's Vision of "Healthy People in Healthy Communities", the Region will need to develop strategies for addressing those needs, and ensuring that the necessary human resources are available to provide the services and programs to the residents of Prince Albert Parkland and Saskatchewan. While the Region has many challenges to the provision of services, having the right person in the right place at the right time is the priority.

2006-07 Results at a Glance

This section briefly highlights the significant events and accomplishments throughout the fiscal year including performance, strategic, operational, and financial achievements that pertain to goals and the financial summary. This section is a brief summary of the 2006-07 Performance Results section that follows.

Goal 1 - Improved Access to Quality Health Services

The Health Region reopened Level 6 at Victoria Hospital in its efforts to increase inpatient capacity. The expansion by June 2007 will increase the number of beds by 15, which will reduce the pressure of medical patients in beds on the surgical floor and in the emergency department.

The Region added two Nurse Practitioner positions through a partnership with the Prince Albert Co-Operative Health Centre, with outreach services to Canwood and Candle Lake. The Region has begun the process to add four more Nurse Practitioners providing service to Shellbrook, Spiritwood and Big River, as well as outreach to other communities including the Big River First Nation. Those positions are expected to be filled in the early part of the 2007-08 fiscal year.

The Region received targeted funding through the Premier's Project Hope and Children's Mental Health Action Plan to expand capacity to work with youth at risk.

Goal 2 - Effective Health Promotion and Disease Prevention

The Region hired an epidemiologist, with one of the first goals to prepare a regional health status report. That report will inform decisions around health promotion and disease prevention by identifying problem areas that the Region can impact.

The Region also expanded its health promotion team through targeted funding with the Premier's Project Hope. One position was added to focus specifically on substance abuse and mental well-being. This includes opening the Pineview Youth Centre with six beds for treatment of substance abuse, as well as implementation of the Youth Drug Detoxification Act.

More of the Region's physicians began participation in the Health Quality Council's Chronic Disease Management Collaborative. The program is aimed at improving quality of care for diabetics and individuals with coronary artery disease. Also, a partnership with the Saskatchewan Lung Association has made it possible to introduce a pilot project for Pulmonary Rehabilitation.

Goal 3 - Retain, Recruit and Train Health Providers

The Region had 361 practicum placements for students from 15 different institutions. These students were involved in 18 different program areas.

The Region reduced time lost due to Workers' Compensation Board claims from 35,302 hours in 2005-06 to 23,307 hours in 2006-07—a total reduction of almost 34 per cent. That resulted in a decrease in the Region's WCB surcharge. Significant credit for achieving that objective goes to the introduction of a Return-to-Work program.

The Region also saw a significant decrease in the amount of sick insurance hours, declining from 126,974.97 hours in 2005-06 to 108,029.56 hours in 2006-07—a reduction of 14.9 per cent. This is the lowest annual total since tracking began in 2002-03.

Goal 4 – A Sustainable, Efficient, Accountable Quality Health System.

Saskatchewan Health contracted an Operational Review. One of the outcomes was that Saskatchewan Health provided additional funding for the Region to address operating pressures identified by Deloitte. The Region recorded its first surplus since it was formed in 2002.

The Region developed five-year capital management and capital equipment plans. Investments include new X-ray equipment and ultrasound equipment purchased with funding from Saskatchewan Health and the federal-provincial agreement.

The Region continued its participation in a number of quality improvement initiatives, including a collaborative around surgical site infections through the Safer Healthcare Now! project.

Financial Summary

The Prince Albert Parkland Health Region recorded its first surplus since 2002. The Region benefited from additional funding that addressed operating pressures identified in an Operational Review conducted by Deloitte during the fiscal year.

2006-07 Performance Results

The purpose of this section is to outline the Prince Albert Parkland Regional Health Authority's performance objectives and to provide a progress report for 2006-07. The information includes indicators required by Saskatchewan Health, and descriptions about the Region's performance as it relates to the provincial priorities of:

- ⇒ Improved access to quality health services;
- ⇒ Effective health promotion and disease prevention;
- ⇒ Retain, recruit and train health providers; and
- ⇒ A sustainable, efficient, accountable, quality health system.

This section also includes a narrative discussing the Region's financial results.

Goal 1 - Improved Access to Quality Health Services

The 2006-07 fiscal year was one of both successes and challenges for the Prince Albert Parkland Regional Health Authority, and it was no different in the area of access to health services in the Region. Availability of human resources, physicians, nurses and other professionals, was a significant hurdle for the Region. There were also successes in recruitment as some programs were expanded to meet a growing need.

The Region provided computerized tomography exams to 2,969 patients, with a total number of 4,166 exams. While the number of exams was below the target, the number of patients was actually 102.2 per cent of the target (Table 6).

The Region was challenged with the provision of on-site radiology services starting in October 2006. An agreement was reached with Associated Radiologists of Saskatoon (who have an office in Prince Albert) to provide radiology services. An agreement regarding on-site provisions is to take effect early in 2007-08 fiscal year. The Region has also been able to fully implement 24/7 call coverage for emergency CT scans.

Physician resources played a role in the decrease in the number of surgeries performed at Victoria Hospital from 4,862 in 2005-06 to 4,496 in 2006-07. The Region saw the number of orthopedic surgeons decline from 3 to 1 by early 2007. Recruitment efforts had one replacement orthopedic specialist by late in the fiscal year, with another anticipated to start by the fall of 2007. The Region is also exploring the potential for a fourth orthopedic surgeon.

Table 6: Selected PAPHR activity indicators

	2004-05	2005-06	2006-07
Number of exams as a percentage of agreed on target for CT services	114.9%	89.6%	95.4%
Number of patients as a percentage of agreed on target for CT services	n/a	132.1%	102.2%
Percentage of surgical cases completed in target time frames			
- Level I	83.9	68.6	72.4
- Level II	72.8	75.8	74.0
- Level III	67.1	73.3	80.4
- Level IV	n/a[1]	96.8	98.2
Cumulative number of surgical cases performed as a percentage of target and variance from target	96.0% n/a	101.7% +82	93.7% -304
Average wait time for admission to alcohol and drug inpatient services—Youth	n/a	n/a	54.5 days
Percentage of RHA population with geographic proximity to primary health care teams	7.9%	16.4%	16.4%
Number of discrete clients receiving primary health care services in the RHA	n/a[2]	n/a[2]	4,167 in Q4
Number of Healthline calls for the RHA	n/a[2]	n/a[2]	5,489

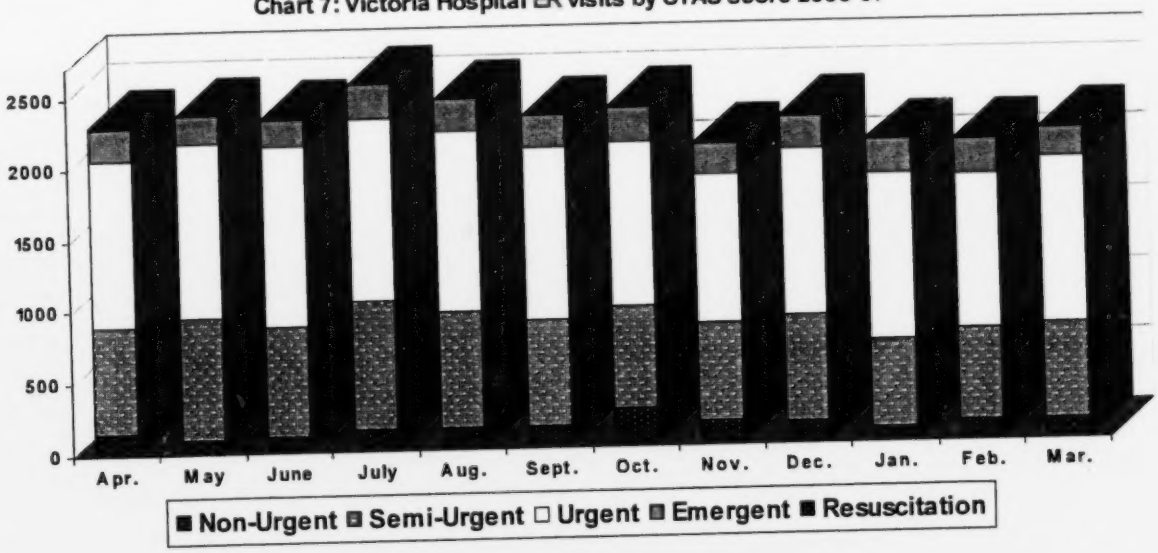
1—Priority Level IV results for 2004-05 are not available because there were a high number of long-waiting cases that were unscored from prior to the full implementation of the Registry which distorted results for this priority level.
2– This information was not tracked prior to 2006-07.

General surgery also declined due to having only four physician specialists instead of the usual five. The Region continues efforts to recruit in that area, as well as for other specialist positions.

Another challenge for the Victoria Hospital has been bed capacity. Medical cases, including people requiring rehabilitation and those waiting for placement in long-term care, have put pressure on the surgical ward. Funding from Saskatchewan Health to open 15 more beds in Victoria Hospital, should relieve much

2006-07 Performance Results

Chart 7: Victoria Hospital ER visits by CTAS score 2006-07



of that pressure and reduce the potential for postponements due to bed capacity. The Region also saw improvements in achieving wait time targets for three of the four priority levels. Only Level II had a slight decline from the previous year (Table 6).

The Victoria Hospital also increased the number of hours (by 20 per week) of physician double-coverage in the Emergency Department. Those physicians are also now on-call for Nurse Practitioners in northern Saskatchewan requiring consultation. The Emergency Department continues to see an average of about 75-80 patients per day, most of which are in the Semi-Urgent and Urgent categories under the Canadian Triage Acuity Score (Chart 7).

Family physician resources were a challenge in the rural areas of the Region. The Region had a decline from 3 physicians to 2 physician in Spiritwood, and as a result suspended emergency and inpatient services at the Spiritwood and District Health Complex in November 2006. One family physician remains in Big River after a second physician left in the fall. The one Big River physician, with significant support by locums from Prince Albert, was able to maintain hospital services; however, without at least a second physician services remain fragile in that community. Recruitment remains a priority.

The reduction in rural physician availability has resulted in the Region considering how to improve road ambulance response, including the potential need for more paramedic-level service in rural areas.

In an effort to ensure day-to-day health care needs are met, the Region has been provided with funding and is recruiting addition Nurse Practitioners. Two positions were added in partnership with the Prince Albert Co-operative Health Centre, and they are also providing services to Canwood and Candle Lake. The Region is also in the process of adding two Nurse Practitioners in Shellbrook, and will provide on-reserve service to the Big River First Nation. One Nurse Practitioner will be based in Spiritwood and a fourth position will be based in Big River. All but one of those positions was filled and expected to start early in the 2007-08 fiscal year. That will expand the number of sites and population served by Primary Care Teams, and will also result in more patients being seen by Primary Care teams (Table 6).

The Region has also continued efforts to increase awareness about the provincial HealthLine, by including the number and website link on the Region's own website, and in regular publications.

The 2006-07 fiscal year was one of expansion for the Region's Addiction Services. The most notable accomplishment was the opening of a interim six-bed youth treatment facility in renovated rental suites at Pineview Terrace in Prince Albert. The interim unit, which is designed for youth, had a long waiting time (Table 6). That demonstrates the need for this service. The Region is continuing to work with the Prince Albert Grand Council and Saskatchewan Health on a location and construction of a 15-bed facility to provide that service on a permanent basis.

2006-07 Performance Results

The Addiction Services expansion has been completed through funding provided by the Premier's Project Hope, the provincial strategy regarding drug and alcohol addictions that was introduced in August 2005. Other provincial initiatives have provided significant funding for cognitive disabilities and the children's mental health issues.

Both the Children's Mental Health Action Plan and the cognitive disabilities strategy have provided funding for additional resources in Prince Albert Parkland. The Region began recruitment for a child psychiatrist to provide service both within the Region and to neighbouring regions.

Goal 2 - Effective Health Promotion and Disease Prevention

In addition to expanding both inpatient and outpatient treatment capacity, the Premier's Project Hope has provided funding for health promotion and harm reduction projects. The Prince Albert Parkland Health Region has added one position to specifically work on health promotion issues associated with substance abuse and mental well-being. There has also been new resources for the methadone program, operated in partnership with the Prince Albert Co-operative Health Centre.

Another important harm reduction initiative is the needle exchange program operated through the Sexual Health Clinic located in downtown Prince Albert. The program has a high return rate (Table 7), which is an indication of its success..

Table 7: PAPHR Needle exchange program

	2005-06	2006-07
Number of needles distributed	410,481	468,163
Number of needles collected onsite	360,652	441,079
Needles collected at boxes	28,830	30,833
% of needles returned	94.88%	100.8%

The Addiction Services program was evolving throughout the year, and that included a change in the relationship with a community based organization. The board of directors for the Prince Albert Council on Alcohol and Drug Abuse approached the Region about amalgamation. Planning for the amalgamation was underway, with finalization expected early in 2007-08. This will bring services for youth and adults into the same organization.

The abuse of alcohol and a variety of prescription and illegal drugs is a significant health issue within Prince Albert Parkland Health Region. We are aware that there are other significant challenges related to chronic illnesses, particularly diabetes, and several other health status indicators as outlined in the Our Region section of this report.

An epidemiologist was hired in February 2007 to help identify specific issues. The epidemiologist began research and preparation for the Region's first health status report, which is expected to be updated annually after its completion. The health status report will help identify priority areas for programs and services, and will focus attention for the Region's Health Promotion Plan.

Table 8: Percentage of eligible population registered in Saskatchewan Immunization Management System receiving recommended immunization at second birthday

Immunization type	2004-05[1]	2005-06[1]
Diphtheria	67.0	69.8
Measles	67.8	68.1
Mumps	67.8	68.0
Pertussis	67.0	69.8
Rubella	67.8	71.7

1—Measurements include children who had 2nd birthday from July 1, 2004 to June 30, 2005, and from July 1, 2005 to June 30, 2006.

That plan focuses on four pillars: Mental Well-Being, Substance Abuse, Active Communities and Accessible Nutritious Food. The Region has many community partners in efforts to address those areas, including municipal governments, school divisions and community school councils, First Nations and Tribal Councils, and other community groups who focus on health issues. Partnerships will continue to be a significant method for working with the community in efforts to help promote healthy lifestyles choices and build citizen and community capacity to improve the health status of the Region's residents.

The Region has expanded its participation in the Health Quality Council's Chronic Disease Management collaborative. When the collaborative started in November 2005, the Region had one Prince Albert physician as well as the Primary Care project in Birch Hills participating (one Nurse Practitioner and four visiting physicians). The second wave of the collaborative started in the fall of 2006, and the Region added four more Prince Albert physicians in two clinics, as well as three physicians in Shellbrook and the Nurse Practitioner and two visiting physicians with the Primary Care site in Hafford. Chronic Disease Management is

an important program to help reduce the impact on acute care services.

Another important prevention program is childhood immunization. Prince Albert Parkland has a lower rate when compared to the rest of the province. In April and August 2006, blitz weeks were held in attempts to raise awareness about the benefits of childhood immunization. A media campaign, extended hours and work with partners to promote immunization resulted in significantly higher turnouts at regular clinics during those weeks. The overall rates showed a small improvement (Table 8), and this remains a priority for the Region.

Reducing the impact of tobacco use is another priority for the Region, which has a fairly significant smoking rate when compared to the rest of the province. One in three men and one in four women, over the age of 12, who live in the Region are occasional or daily smokers. This compares to the provincial percentage of 25.59% for men and 22.89% for women. The Region is working with its own tobacco reduction committee in efforts to eliminate tobacco use on all Region property. A plan will include consultation with patients, physicians, residents, clients and their families before it is implemented.

Goal 3 - Retain, Recruit and Train Health Providers

Human Resources presents the most significant challenge for the Prince Albert Parkland's ability to sustain quality health care services for patients, residents and clients throughout the Region. The competition for employees in all health-care professions is strong. In response, the Region is developing at strategy that follows both the provincial and federal recruitment and retention strategies, and builds on our own capacity and some potential solutions.

The Region added an additional employment officer, with the focus on hard-to-recruit positions. That will include a significant focus on registered nurses. One significant advantage for this Region is the success of the First Nations University of Canada nursing program, operated in Prince Albert through the Nursing Education Program of Saskatchewan. Students spend a considerable portion of their work experience in programs and facilities in Prince Albert Parkland, and as the second class prepares to graduate more than 60 per cent of the graduates have committed to jobs within this Health Region.

That new program, with only two classes now completed, is one potential source of new employees. Training programs in the Region have always provided employees for Prince Albert Parkland, and we expect that, too, will continue.

Partnerships with other educational institutions are also valuable. The Region provided 361 work placements for students in 18 different program areas from 15 educational institutions from Saskatchewan and other provinces.

The challenge for the Region is filling all of the vacant positions to reduce the financial costs of overtime and, more importantly, to reduce the demand on our existing employees.

Table 9: Sick time, premium hours and WCB claims and lost-time

	2004-05	2005-06	2006-07
Number of sick leave hours per FTE by affiliation			
- CUPE	102.29	93.70	81.56
- HSAS	52.58	59.80	48.14
- SUN	89.65	92.82	82.18
- OOS	46.59	57.31	35.67
- PAPHR	93.00	88.83	76.25
Number of wage-driven premium hours per FTE by affiliation			
- CUPE	24.24	38.05	40.87
- HSAS	6.59	5.07	5.85
- SUN	57.93	68.09	79.21
- OOS	6.45	10.15	16.92[1]
- PAPHR	28.63	39.91	44.36
Number of lost-time WCB claims per 100 FTE	11.38	10.57	8.58
Number of lost-time WCB days per 100 FTE	516.54	588.63	383.54

1—Includes overtime hours for PAPHR out-of-scope staff who worked at Provincial Correctional facilities during a labour disruption. PAPHR was compensated for the time; however, the wages are included in PAPHR payroll information.

In the past year, the Region launched a Return-to-Work program that was attempting to help get employees who were absent because of injuries or illness back to work. That program has been very successful, with a significant reduction over previous years for both sick time hours per full time equivalent, as well as lost-time claims and days for Workers Compensation Board claims (Table 9). Despite fewer absentee hours, the Region continues to experience an increase in premium hours due to the number of vacancies.

The Region continues to work on strengthening workplace safety programs, including occupational health

and safety training, and updating information about hazardous materials. Much of the mandatory training is now part of the General Regional Orientation, which is required for all new staff members.

Bursary and scholarship programs are an important tool for recruiting new employees. The provincial government has recently introduced a new incentive program for health-care employees in a variety of professions. It provides incentives for relocation to the province, as well as specific incentives to work in rural communities. In addition, the Region has its own bursary, scholarship and relocation programs (Table 10). Both the Region programs and the provincial program require a commitment to work in the Region for a specific time (usually one year, depending on the program) in order to receive the incentives.

Table 10: PAPHR recruitment incentive programs

For 2006-2007 fiscal year	Number of participants	Value
Relocation allowances	9	$10,000.43
Bursary program	32	$64,000

The Region consults with its Workplace Advisory Group, which has representatives from all facilities and programs, regarding several workplace issues including retention strategies.

A number of recognition events are held throughout the year, including long-service awards each year—for people marking 5-year increments in service to the Region. The awards are usually held by location and program.

The Region's Health Excellence Awards are a program supported by the RHA board members. It recognizes quality work in several categories: Team Approach, Client-Centred Care, Quality of Work, Attitude, Peer Support, Volunteers and Lifetime Achievement. Staff and volunteers are nominated by their colleagues. This year's awards were presented at a banquet and ceremony in January. Award winners are detailed on Page 9.

Enhancing professional development programs is another strategy the Region is building upon in order to retain staff and improve the quality of care for patients, residents and clients.

A key recruitment strategy includes developing a stronger Representative Workforce. Prince Albert Parkland has more than 30 per cent of its residents who are aboriginal (First Nation, Métis or Inuit). The Region has been increasing the number of employees who self-identify themselves as aboriginal. In the past fiscal year the Region had more than 19 per cent of its employees in that category. The Aboriginal Employees Network exists to work with those employees in efforts to retain them, as well as to examine career opportunities.

Health care is about people helping people, and the Region continues to focus on how it can ensure it has the qualified staff available to provide safe, quality and compassionate care to the people we serve.

Dialysis Unit—Victoria Hospital

Goal 4 – A Sustainable, Efficient, Accountable, Quality Health System.

Human resources are one of the most important issues effecting the sustainability of services. That applies to all health care professions, including nurses, physicians, technicians and therapists. Availability of the appropriate professional will have an impact on the ability to deliver services, particularly in rural areas but also for other regional programs including the Victoria Hospital's regional referral role. The availability of specialists and bed capacity did impact the Region's surgical volume, although the percentage of surgery done as day surgery has continued to increase (Table 11).

Prince Albert Parkland has also faced fiscal challenges, some of which are related to human resources and the cost of premium hours to fill required positions to deliver services. The 2006-07 fiscal year began with the Region unable to submit a balanced budget for ministerial approval. The Regional Health Authority board of directors approved the revenue and expense plan for reporting purposes, and asked Saskatchewan Health for a review of the Region's operations.

2006-07 Performance Results

The operational review began in October 2006, with Saskatchewan Health contracting with Deloitte and Touché. Information about program and service volumes, financial reports and data were submitted for review, and interviews were held with senior management, front-line managers, physicians and the Community Advisory Networks in November and January. Visits were also made to a number of locations.

Deloitte is preparing its final recommendations for the RHA to be delivered in April 2007. Consultation with staff, physicians and the public about implementing recommendations are expected to begin in June 2007.

Table 11: Day surgery as percentage of all surgery

	2004-05	2005-06	2006-07
Percentage of surgical cases performed as day surgery	62.0%	66.7%	69.9%

During the operational review, Deloitte identified a number of service pressure areas, which resulted in additional funding for the Region from Saskatchewan Health. That funding helped Prince Albert Parkland record its first surplus since it was formed in 2002. The Region finished the 2006-07 fiscal year with a surplus of $179,229. In addition to producing its first balanced operations, the Region was able to provide additional one-time funding to Mont St. Joseph, the affiliate long-term care facility, for pay equity programs.

The Region, with the support of Saskatchewan Health, also provided funding to Mont St. Joseph for construction deficiencies. Prince Albert Parkland is working more closely with the affiliate on a fund balance committee.

While the surplus is a positive step forward, the Region still has an accumulated operating fund deficit of just over $8 million. This has an impact on the Region's cash flow, which is regularly monitored. We are working closely with Saskatchewan Health to ensure adequate cash flow to meet required payments.

Birch Hills Health Centre

In addition to balancing operations, the Region made a number of significant investments in both capital equipment and facility renovations. One highlight is the move of the Administration, Finance and Human Resources to 1521 6th Avenue West in Prince Albert, which is expected to be completed in early May 2007. That will open up space for programs in the Herb Bassett Home (formerly occupied by Human Resources) and Victoria Square (Administration and Finance's former home), and improve access for patients and clients. The capacity of Victoria Hospital will be increased by 15 beds, while the lower level of Victoria Square will be dedicated to the Community Mental Health program.

Capital equipment purchases included new X-ray and ultrasound equipment, and further advancements towards the full implementation of the Radiology Information System/Picture Archive Compression System.

The provincial Surgical Information System development team has seconded two employees as part of Prince Albert Parkland's commitment to information technology initiatives. Other initiatives include the Prescription Drug information system, MDS Home Care, WINcis, as well as the Region building on those systems to develop a more efficient and effective charting system for long-term care. A regional staff scheduling system is also under development.

An important efficiency initiative also started with planning underway for implementing an energy efficiency program with partners SaskPower and Honeywell.

In 2006-07, the Region began conversion to a Voice Over Internet Protocol telephone system. It will replace aging systems and also allows for expansion of the network to ensure we have capacity for new programs for use in patient care areas.

The Region also continues to work with Saskatchewan's Health Quality Council on a number of quality initiatives, including Safer Healthcare Now!, collaboratives on surgical site infections, intensive care and chronic disease management. We are looking forward to more collaboration on wound and skin care in long-term care facilities.

A Regional Quality Council has been established. It includes leaders from the Region's 11 Quality Improvement Teams, which are preparing for a Canadian Council on Health Services Accreditation survey in June 2007.

2006-07 Performance Results

Healing Hurting Hearts Bereavement Camp—Camp Kinasao, Christopher Lake

Examining how we can improve also applies to emergency management and preparedness. A pandemic tabletop was held in September 2006 and involved the Health Region, Community Resources, RCMP, Prince Albert Police Service, ambulance services and other partners including First Nations. The exercise was to test policies and procedures in the event of an influenza pandemic.

Staff at Victoria Hospital participated in a mock disaster in February. The mock disaster included two incidents and more than 30 casualties. Physicians from Prince Albert participated, along with other community emergency services including the Prince Albert Police Service, Parkland Ambulance and Prince Albert Fire Department. The mock disaster demonstrated strengths and weaknesses of our response systems to a mass casualty incident. Feedback from all participating staff is being used to identify areas for improvement.

Emergency planning is part of the process of improving risk management. The Region is also examining other methods to improve this area. The board of directors established an audit/finance committee. It meets regularly to review the financial reports and makes recommendations to the board of directors.

The RHA board has also begun the process of developing a new strategic plan. A session was held with the board of directors and several senior management staff in December. It was facilitated by Brown Governance, which also facilitated a board governance session in August.

The RHA board also supported new Practitioner Staff bylaws, which were approved by the Minister of Health after consultation with the Regional Medical Association and local physicians.

In efforts to be transparent and accountable to the public, the Region held an annual meeting in November. A review of the financial status was held, but the meeting focus was on the Region's health promotion strategy and lifestyle choices that affect health status.

In June 2006, the Minister of Health was present to witness Prince Albert Parkland Regional Health Authority and Prince Albert Grand Council signing a Memorandum of Understanding. The MOU's goals and objectives are:

⇒ To improve the delivery of and access to all health services in order to more effectively meet the needs of both urban and rural residents.

⇒ To improve integration of health-related services through the identification of mechanisms to enable better care across the continuum of care with relatively seamless service delivery from one provider to another.

⇒ To share information that would benefit existing services and programs or result in new services and programs.

⇒ To promote health and well-being by supporting health promotion and illness prevention.

⇒ To identify indicators for monitoring purposes to determine if progress is being made or if adaptation and change are in order.

⇒ To clarify roles, responsibilities and interactive relationships between the two parties.

⇒ To identify areas where ongoing collaborative working relationships would be of benefit and to determine where there are opportunities for joint participation.

⇒ To actively pursue and secure funding from all sources to support health-related services, programs

and initiatives that would provide a health benefit to all people including those living on reserve.

Partnerships such as the one with Prince Albert Grand Council play a valuable role in the continued sustainability of health-care services. The Region continues co-operation with all foundations to aid in addressing capital issues.

A significant campaign was undertaken by the Victoria Hospital Foundation to raise money for the purchase of equipment for the hospital's maternity unit. The "Give a Little Life" campaign raised more than $780,000 by mid-December 2006.

Facility and department managers working closely with other foundations and auxiliaries, both in the urban and rural communities, to identify in needs and opportunities for fundraising.

Staff members are often involved in fundraising activities for their facilities or programs. The Region is also very proud of our employees' involvement in the community, whether it is through high-profile fundraisers such as the Canadian Cancer Society's Relay for Life or the Heart and Stroke Foundation Big Bike Tour, or other community fundraisers and events. Those activities and staff involvement foster a positive culture and help develop a quality workplace, which will help attract and retain employees.

Public Health—McIntosh Mall, Prince Albert

Financial Summary

The Prince Albert Parkland Regional Health Authority recorded a surplus of $179,229. It is the first surplus since the Region was formed in August 2002. The surplus was made possible through the commitment of management and staff, as well as support from Saskatchewan Health.

The provincial government provided the Region with $1.5 million in additional funding to address operating pressures identified in a review by Deloitte and Touché. The Region was not able to submit a balanced budget for approval by the Minister of Health in May 2006, which resulted in the request for the review, which began in October 2006.

In addition to the funding for identified operating pressures, Saskatchewan Health provided additional funding to address staffing costs associated with a new statutory vacation in February. There was also funding for additional costs related to an outbreak of norovirus in several of the Region's facilities from September through November.

While the 2006-07 surplus is important, the Region still needs to work on stabilizing the working capital balance (Table 12). Cash flow is reviewed regularly with the co-operation of Saskatchewan Health to ensure all required payments can be made. The Region must have several consecutive years of surplus operations in order to achieve more stability in working capital.

The Authority board and senior management recognize that unless the Region is able to stabilize its finances, it has severely limited its flexibility for any program or service enhancement—and that includes addressing capital facility needs in a number of communities.

Table 12: PAPHR financial indicators

	2004-05	2005-06	2006-07
Surplus/(deficit) - % of operating expenditures	($632,000)	($1,507,000)	$179,229
Number of days able to operate with working capital	(22.44)	(28.14)	(24.43)
Program Support funding pool %	4.2%	4.6%	4.5%
% of total expenses for salaries and benefits for staff and physicians (includes professional fees)	75.42%	75.79%	75.54%

The Region's expenses were more than $131 million in 2006-07. Salary and benefit costs for staff and physicians is more than 75 per cent of that total. In 2006-07, the Region's Program Support funding pool was 4.5 per cent of expenses, which is within the five per cent guideline from Saskatchewan Health.

Level 6 bed expansion

Sharon Chesley became the Nursing Unit Manager for Level 6 at Victoria Hospital when the floor was reopened for patient care in February.

Order of Canada

Dr. Lalita Malhotra, a Prince Albert family physician, became a Member of the Order of Canada in 2006 in recognition for her professional achievements and contributions to the community.

Campaign success

Heather Emery, left, with Mykayla, is interviewed by Country 900 CKBI's Neil Headrick during a radio-thon at Victoria Hospital in December 2006. Proceeds from the one-day event on all three Prince Albert Rawlco Radio stations went to the Victoria Hospital Foundation's "Give a Little Life" campaign for maternity ward equipment.

Special Care Home Week

Sigrud Trombley, left, and Mary Labiuk, right, residents of Pineview Terrace Lodge, joined Marj Bodnarchuk, back, Director of Care, and Shelley Carriere, recreation therapist, at a display in Gateway Mall promoting Special Care Home Week in September.

Future Outlook and Emerging Issues

The Prince Albert Parkland Regional Health Authority has exciting opportunities and difficult challenges ahead as it continues to focus on delivering quality health-care services and programs to the residents of the Region and Saskatchewan.

In the coming year, the Region will develop a strategic plan to carry it forward for the next several years. Staff, physicians and community stakeholders will be included in the development of the strategic plan, which will also be influenced by recommendations from the Operational Review conducted by Deloitte and Touché during the past year.

While fiscal instability will continue to be an area for attention, the Region's most significant challenge remains health human resources. Whether it is physicians, nurses, therapists or technicians, filling all vacant staff positions would have a positive impact on the Region's finances with reduced overtime costs for current staff. That would also, more importantly, have a positive impact for staff and ensure the continuity of care for our patients, residents and clients.

Having a healthy staff enjoying a quality workplace is one of the keys to both retention and recruitment. Part of that equation is a safe workplace. New Occupational Health and Safety legislation, while important to ensure a safe work environment, will present a challenge for the Region's training capacity and put new time pressures for training all employees.

Another significant pressure point is Information Management and Technology. New programs and applications are being introduced on a regular basis. The technology, not only in computers but in diagnostic and other equipment, requires a network that is robust enough to support all the work being done on it as well as the technical support to ensure any interruptions are minimal.

The Region's Information Management and Technology department faces pressure on its resources. This is expected to escalate in the next few years with the implementation of programs such as the Radiology Information System/Picture Archive Compression System, Surgical Information System, and several others related to client registration. The move towards an electronic health record is a positive step for the Region's patients, residents and clients; however, it will demand investment in network, technology and human resources to ensure the system is effective and staff and physicians are adequately trained in their use.

Facility capacity is another hurdle for Prince Albert Parkland. There are challenges regarding space and design at Victoria Hospital, particularly in the obstetrics and emergency room areas. The expansion of inpatient bed capacity in the past year is expected to relieve some pressure; however, the number of deliveries is expected to continue to increase. The triage area in the emergency department is also a major concern to ensure quality patient care.

The Region is also working on enhancing its emergency preparedness. From September to November 2006, there was a series of norovirus outbreaks at several facilities, including Victoria Hospital, Herb Bassett Home, Shellbrook and District Hospital and Mont St. Joseph. The outbreaks resulted in visitor restrictions, with dozens of patients and residents, as well as staff, becoming ill. This was a test of the Region's infection control policies and procedures, and demonstrated strengths and areas for improvement.

What was learned during the norovirus outbreak will help the Region modify its plans to deal with other infectious diseases such as MRSA. The experience gained will also be used to make changes and improvements to the Region's pandemic influenza response plan.

Planning for emergency situations, whether related to infection or other disasters, is important to ensure that the Region's staff and physicians can respond adequately not only to the emergency but maintain necessary services to all of the patients, residents and clients.

The development of the Region's first health status report will be a guide to other opportunities and areas of focus. We know residents of Prince Albert Parkland have many health-related challenges, from chronic diseases to high-risk behaviours. Continued work on chronic disease will play an important role in helping our residents manage their illnesses, improve their quality of life and reduce pressure on acute care facilities.

The Region also looks forward to the construction and opening of a 15-bed youth treatment facility with our partner the Prince Albert Grand Council, as well as a Region-operated acute and social detox centre. Both of those are components of the Premier's Project Hope, which continues to put more resources into helping people struggling with substance abuse.

The expansion of the Nurse Practitioner to Shellbrook, Spiritwood and Big River will help stabilize primary care in those communities and the surrounding areas. However, the continued Human Resource challenges will require the Region to examine how to it can best deliver the necessary services to the people in need.

Performance Management Accountability Indicators

In support of *The Action Plan for Saskatchewan Health Care*, Saskatchewan Health developed an *accountability framework* that defines and clarifies the performance relationship between regional health authorities (RHAs) and the province. The Accountability Document articulates the department's expectations (both high-level organizational, and program-specific) of regions for the funding that is provided. The associated measures/indicators are used in assessing if regions met, or are progressing towards meeting, these expectations.

To demonstrate accountability and transparency to the public, these indicators are reported through this summary table in each region's annual report. For detailed indicator descriptions, please refer to the *Performance Management Accountability Indicators* document on the Saskatchewan Health website at www.health.gov.sk.ca.

Indicator		RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators					
Quality					
Date of last CCHSA accreditation or when accreditation is scheduled *as of March 2007*		June 2004 Next is June 2007	*not applicable*	*not applicable*	*to be determined*
Date when RHA participated in the Institute for Safe Medication Practices self-assessment tool for hospital pharmacies or when participation is planned		Completed Sept. 7, 2004	*not applicable*	*not applicable*	*to be determined*
Number of client contacts with the Regional Quality of Care Coordinator to raise a concern *2005/2006*		113	*not applicable*	*not applicable*	*not applicable*
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2005/2006*		83%	86%	66% – 99%	*to be determined*
Workforce Planning					
The number of positions sitting vacant for periods longer than six months *2006/2007*		Indicator under development	*not applicable*	*not applicable*	*to be determined*
Distribution of health system full time equivalents (FTEs) by affiliation *2006/2007*	CUPE	1,104.06	*not applicable*	*not applicable*	*not applicable*
	HSAS	101.55			
	OOS/OTHER[1]	120.68			
	SUN	317.87			
	All Affiliations	1,644.16			

Notes

Please refer to the document "Performance Management Accountability Indicators" for detailed information about all of the indicators presented in this summary.

1—The OOS/OTHER category includes all non-unionized employees on the SAHO Payroll system, not just management personnel.

Performance Management Accountability Indicators

Indicator		RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators					
Workforce Planning					
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2006/2007*	CUPE	40.87	36.85	16.36 – 91.10	____[1]
	HSAS	5.85	25.44	0.25 – 117.97	____[1]
	OOS/OTHER	16.92	3.46	0.00 – 16.92	____[1]
	SUN	79.21	81.54	27.14 – 368.66	____[1]
	All Affiliations	44.63	42.47	17.19 – 131.56	____[1]
Worked hours as a percentage of total hours by affiliation *2006/2007*	CUPE	78.3%	78.3%	73.1% – 80.7%	____[1]
	HSAS	83.9%	80.8%	75.0% – 83.9%	____[1]
	OOS/OTHER	81.7%	82.5%	76.4% – 84.5%	____[1]
	SUN	75.2%	74.7%	63.7% – 77.9%	____[1]
	All Affiliations	78.3%	78.1%	72.5% – 80.7%	____[1]
Number of sick leave hours per full time equivalent (FTE) by affiliation *2006/2007*	CUPE	81.56	89.78	71.62 – 107.61	____[1]
	HSAS	48.14	65.62	44.65 – 92.53	____[1]
	OOS/OTHER	35.67	47.34	27.68 – 61.46	____[1]
	SUN	82.18	89.34	63.83 – 96.84	____[1]
	All Affiliations	76.25	84.12	64.15 – 93.63	____[1]
Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2006/2007*		8.58	7.67	0.53 – 10.00	____[1]
Number of lost-time WCB days per 100 full time equivalents (FTEs) *2006/2007*		383.54	468.45	38.43 – 766.40	____[1]
Percentage of employees self-identifying as Aboriginal *2005/2006*		19.1	*Not available*	*not applicable*	*to be determined*
Number of clinical placements offered and taken within the region *2006/2007*		Indicator under development	*not applicable*	*not applicable*	*to be determined*

Notes

1—Benchmark development is still in progress for the workforce planning indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.

Performance Management Accountability Indicators

Indicator		RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators					
Financial					
Surplus (deficit) *2006/2007*		$179,229	*not applicable*	$90,050 – $7,861,926[1]	$0
Surplus (deficit) as a percentage of actual operating expenditures *2006/2007*		0.1%	*not applicable*	0.1% – 9.0% [1]	0.0% – 0.5%
Working capital ratio (current ratio) *2006/2007*		0.70	*not applicable*	0.23 – 1.81[1]	*to be determined*
Number of days able to operate with working capital *2006/2007*		(24.43)	*not applicable*	(61.97) – 28.71[1]	*to be determined*
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported *2006/2007 [yes/no indicator]*	Q1	Yes	*not applicable*	*not applicable*	significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes			
	Q3	Yes			
	Q4	Yes			
Capital					
Annual equipment maintenance costs as a percentage of annual equipment replacement costs *to be determined*		*to be determined*	*to be determined*	*to be determined*	*to be determined*

Notes

1—Range values are based on data from final, unaudited financial statements.

Big Bike Riders

The Hafford Healers included 22 people from the Hafford Special Care Centre and Primary Care Site as Big Bike riders for the Heart and Stroke Foundation on June 19, 2006 in Hafford. The team, captained by Doreen Madwid and Marianne Ewence, raised almost $2,000. Hafford Fine Foods sponsored a rider barbecue after they completed their journey around the community. This is just one of the many community fundraising activities the more than 2,000 employees in the Prince Albert Parkland Health Region are involved in each year.

Performance Management Accountability Indicators

Indicator		RHA Value	Provincial Value	Range	Target
Program-Specific Indicators					
Province-Wide Services					
Volume and number of actual hours of operation for computed tomography (CT) services *2006/2007*	Volume	4,166	*not applicable*	*not applicable*	*to be determined*
	Actual Hours	1,912			
Number of exams as a percentage of agreed on target for computed tomography (CT) services *2006/2007*		95.4%	98.0%	93.5% – 111.0%	100%
Number of patients as a percentage of agreed on target for computed tomography (CT) services *2006/2007*		102.2%	107.3%	73.5% – 125.6%	100%
Number of patient years of dialysis provided in the current fiscal year *2006/2007*		35.36	*not applicable*	*not applicable*	*to be determined*
Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre[12] *2005/2006*	Child / Youth	55.6	*not applicable*	*not applicable*	*to be determined*
	Adult	68.2			
Acute Care					
Percentage of surgical cases performed as day surgery[13] *2006/2007*		69.9%	56.3%	39.1% – 74.8%	*not applicable*
Number and percentage of surgical cases on wait list that have already waited over 12 months[1] *2006/2007*	Number	35	*not applicable*	*not applicable*	*not applicable*
	Percentage	4.4%	19.9%	0.0% – 23.8%	10%
Number and percentage of surgical cases on wait list that have already waited over 18 months[1] *2006/2007*	Number	-[2]	*not applicable*	*not applicable*	*not applicable*
	Percentage	-[2]	9.5%	0.0% – 12.0%	0%

Notes

1—The 2006/2007 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.

2—The data originally in this cell was suppressed in order to protect privacy. The data either did not meet the required threshold of "more than 5", or it can be used to derive data in a cell that would not meet this requirement.

Performance Management Accountability Indicators

Indicator		RHA Value	Provincial Value	Range	Target
Program-Specific Indicators					
Acute Care					
Percentage of Priority Level I, II, III and IV surgical cases completed within target time frames[1] *2006/2007*	Priority Level I within 3 weeks	72.4%	57.3%	43.7% – 97.4%	95%
	Priority Level II within 6 weeks	74.0%	43.8%	0.0% – 96.6%	90%
	Priority Level III within 3 months	80.4%	63.9%	43.3% – 100.0%	90%
	Priority Level IV within 12 months	98.2%	88.0%	79.3% – 100.0%	90%
Cumulative number of surgical cases performed as a percentage of target and variance from target[1] *2006/2007*	Percentage of target	93.7%	98.3%	85.2% – 122.4%	100%
	Variance from target	-304	*not applicable*	*not applicable*	*not applicable*
Institutional Supportive Care					
Average wait time between approval for placement and placement for institutional supportive care services *to be determined*		*to be determined*	*to be determined*	*to be determined*	*to be determined*
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores *as at the end of Q2 2006/2007*		27.79%	21.94%	16.47% – 28.28%	*to be determined*
Case mix index for institutional supportive care facilities *as at the end of Q2 2006/2007*		0.794	0.771	0.725 – 0.800	*to be determined*
Home-Based Supportive Care					
Case mix index for supportive home care services *to be determined*		*to be determined*	*to be determined*	*to be determined*	*to be determined*
Average wait time between referral and assessment for supportive home care services *to be determined*		*to be determined*	*to be determined*	*to be determined*	*to be determined*
Average wait time between assessment and commencement of supportive home care services *to be determined*		*to be determined*	*to be determined*	*to be determined*	*to be determined*

Notes:

1—The 2006/2007 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.

Performance Management Accountability Indicators

Indicator		RHA Value	Provincial Value	Range	Target
Program-Specific Indicators					
Population Health Services					
Percentage of off reserve schools that are implementing health food nutrition policies[1] *as of Sept. 1, 2006*		16.1%	*not applicable*	0.0% – 27.3%	60% of schools by September 2011
Exclusive breastfeeding rates *2005*		28.20%	21.28%	13.64% – 40.11%	*to be determined*
Percentage of eligible population registered in SIMS and receiving recommended immunization at second birthday[2] *July 1, 2005 to June 30, 2006*	Diphtheria	69.8%	73.5%	50.0% – 87.2%	*to be determined*
	Measles	68.1%	72.5%	67.9% – 86.1%	
Influenza immunization rate per 100 population (age 65 years and over) *2005/2006*		60%	66%	46% – 77%	*to be determined*
Percentage of licensed or regulated facilities inspected each year (pursuant to *The Public Health Act*) *2005/2006 (top number) and 2006/2007 (bottom number)*	FEE – Food Eating Establishment	66% 73%	*not applicable*	45% – 100% 71% – 100%	80% – 100%
	FPL – Food Processing (Licensed)	90% 79%	*not applicable*	20% – 100% 67% – 100%	
	LA – Licensed Accommodations	51% 74%	*not applicable*	31% – 100% 52% – 100%	
	SWT – Swimming Pools / Water Themes	43% 65%	*not applicable*	43% – 100% 45% – 100%	
	Public Water Supplies	20% 82%	*not applicable*	20% – 100% 18% – 100%	
Percentage of genital Chlamydia cases with complete or required surveillance information in the electronic provincial surveillance system within established time frames *to be determined*		*to be determined*	*to be determined*	*to be determined*	*to be determined*

Notes:

1—One school division in Prince Albert Parkland could not be surveyed. One school division in Prince Albert Parkland has written policy.

2—The Saskatchewan Immunization Management System (SIMS) does not capture on-reserve immunizations.

Performance Management Accountability Indicators

Indicator		RHA Value	Provincial Value	Range	Target
Program-Specific Indicators					
Population Health Services					
Percentage of facilities in compliance with *The Tobacco Control Act* in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns *to be determined*[1]		*to be determined*	*to be determined*	*to be determined*	90% compliance
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers *2005*	Males	33.57	25.13%	19.95% – 41.75%	*to be determined*
	Females	25.07	23.30%	16.36% – 32.31%	
Community Care Services					
Average wait time between initial contact and first face-to-face contact for outpatient child and youth mental health services *to be determined*		*to be determined*	*to be determined*	*to be determined*	*to be determined*
Average wait time between initial contact and first face-to-face contact for outpatient adult community mental health services *to be determined*		*to be determined*	*to be determined*	*to be determined*	*to be determined*
Average wait time between initial contact and first face-to-face contact for outpatient psychiatric rehabilitation mental health services *to be determined*		*to be determined*	*to be determined*	*to be determined*	*to be determined*
Alcohol and drug outpatient treatment completion rate per 100 admissions *2005/2006*		41.8%	59.7%	41.8% – 72.2%	*to be determined*
Problem gambling treatment completion rates per 100 admissions *to be determined*		*to be determined*	*to be determined*	*to be determined*	*to be determined*
Home-Based Acute and Palliative Care					
Average wait time between referral and assessment for acute and palliative home care services *to be determined*		*to be determined*	*to be determined*	*to be determined*	*to be determined*
Average wait time between assessment and commencement of home-based acute and palliative care *to be determined*		*to be determined*	*to be determined*	*to be determined*	*to be determined*

Notes:

1—Data on Tobacco Control Act compliance is currently not available due to system implementation issues.

Performance Management Accountability Indicators

Indicator		RHA Value	Provincial Value	Range	Target
Program-Specific Indicators					
Home-Based Acute and Palliative Care					
Percentage of palliative home care clients with unresolved pain *to be determined*		*to be determined*	*to be determined*	*to be determined*	*to be determined*
Percentage of palliative home care clients who choose to die at home and receive services in support of that option *to be determined*		*to be determined*	*to be determined*	*to be determined*	*to be determined*
Percentage of patients discharged from acute care to home care with post-acute discharge plan in place on discharge *to be determined*		*to be determined*	*to be determined*	*to be determined*	*to be determined*
Primary Health Services					
Percentage of RHA population with geographic proximity to primary health care teams *March 2007*		16.40%	19.98%	0.00% – 100.00%	25% of SK residents by 2006, 100% by 2011
Number of discrete clients receiving primary health care services in the RHA *2006/2007*	Q1	4,534	*not applicable*	*not applicable*	*not applicable*
	Q2	3,733			
	Q3	4,658			
	Q4	4,167			
Number of HealthLine calls for the RHA *2006/2007*	Q1	1,263	*not applicable*	*not applicable*	*not applicable*
	Q2	1,297			
	Q3	1,527			
	Q4	1,402			
	Year as a whole	5,489			
Total number of new primary health care teams developed in the current year *2006/2007*		0	*not applicable*	*not applicable*	*not applicable*
Emergency Response Services					
Percentage of calls where there was no Emergency Medical Technician (EMT) – Basic or Primary Care Paramedic (PCP) on the calls *2005/2006*		0.09%	0.73%	0.00% – 17.97%	*to be determined*

Performance Management Accountability Indicators

Indicator	RHA Value	Provincial Value	Range	Target
Program-Specific Indicators				
Mental Health and Addiction Services				
Average length of stay of mental health inpatients compared to expected length of stay[1] *2005/2006*	13.3	15.4	10.1 – 19.8	*to be determined*
Mental health inpatient readmission rate per 100 mental health inpatients[1] *2005/2006*	21.3%	20.9%	18.4% – 25.7%	*to be determined*
Average wait time (in days) for admission to alcohol and drug inpatient services[2] **– youth** Q4 *2006/2007*	54.5	*not applicable*	*not applicable*	*to be determined*
Program Support Services				
Expenditures in program support funding pool as a percentage of total RHA operating expenditures *2006/2007*	4.5%	*not applicable*	3.8% – 10.5%[29]	12% for Mamawetan Churchill River and Keewatin Yatthé; 5% for all other RHAs

Notes:

1—"Average wait time for admission to alcohol and drug inpatient services" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, and Saskatoon only.

2—"Average wait time for admission to alcohol and drug detoxification services" is applicable to Five Hills, Mamawetan Churchill River, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, and Saskatoon only.

Performance Management Accountability Indicators

Indicator		RHA Value	Provincial Value	Range	Target
Health Status and Outcome Indicators					
Infant mortality rate per 1,000 live births[1] *2002-2004*		5.8	5.9	4.0 – 10.5	*to be determined*
Low birth weight rate per 100 live births[1] *2002-2004*		4.7	5.4	3.7 – 6.0	*to be determined*
High birth weight rate per 100 live births[1] *2002-2004*		18.9	15.7	12.9 – 31.1	*to be determined*
Potential years of life lost per 100,000 population (age 0 to 74 years) *2001*[2]	Circulatory Diseases	963.3	951.5	817.9 – 1,208.9	*to be determined*
	All Malignant Neoplasms	1558.0	1,483.1	1,126.0 – 1,706.8	
	All Respiratory Diseases	291.7	222.9	63.5 – 376.5	
	Unintentional Injuries	1625.3	1,028.0	636.4 – 2,781.8	
	Suicide and Self-Inflicted Injuries	561.2	412.1	315.1 – 628.5	
Disability-free life expectancy (at birth) *1996*[3]	Males	65.8	66.6	61.8 – 69.2	*to be determined*
	Females	68.7	70.0	63.2 – 72.5	
Disability-free life expectancy (at age 65 years) *1996*[3]	Males	11.0	11.2	8.7 – 12.1	*to be determined*
	Females	12.7	12.7	8.4 – 13.2	
Life expectancy (at birth) *2001*[3]	Males	75.6	76.2	72.1 – 78.2	*to be determined*
	Females	81.4	81.8	76.1 – 82.8	
Life expectancy (at age 65 years) *2001*[4]	Males	17.7	16.9	15.6 – 18.0	*to be determined*
	Females	21.8	20.9	17.2 – 21.8	

Notes:

1—Starting 2005/2006, the calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used for the 2004/2005 summary. The time period also changed (three consecutive years, instead of five). Because these measures are calculated on a three-year basis, results will be the same as those reported in 2005/2006.

2—Data is released intermittently by Statistics Canada. The most recent data available is based on 2000 through 2002 death data and 2001 population estimates. Therefore, results will be the same as those reported for 2005/2006.

3—Statistics Canada is no longer calculating this measure (they replaced it with a similar measure, "Health Adjusted Life Expectancy (HALE)", but it is not available at the regional level). Therefore, results will be the same as those reported for 2004/2005 and 2005/2006.

4—Statistics Canada calculates this measure every 5 years, based on the latest census (2001). Therefore, results will be the same as those reported for 2004/2005 and 2005/2006.

Performance Management Accountability Indicators

Indicator		RHA Value	Provincial Value	Range	Target
Health Status and Outcome Indicators					
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent *2005*		47.33%	52.35%	39.86% – 57.96%	*to be determined*
Percentage of population (age 18 to 64 years) who are overweight or obese *2005*	Overweight (BMI 25.0-29.0)	32.42	32.52%	30.53% – 36.12%	*to be determined*
	Obese (BMI 30.0+)	23.14	20.03%	16.88% – 24.19%	
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive *2005*	Active / moderately active	51.14	48.62%	38.60% – 53.35%	*to be determined*
	Inactive	46.73	49.52%	44.06% – 58.77%	
Number of visits to a physician for a mental health reason *2005/2006*	General Practitioners	26,026	*not applicable*	*not applicable*	*not applicable*
	Psychiatrists	14,297			
Age-adjusted diabetes prevalence rate per 1,000 population[1] *2004/2005*		59.2	*not applicable*	41.8 – 95.8	*to be determined*
Injury hospitalization rate per 1,000 population (age 0 to 19 years) *2004/2005*	Males	13.5	10.4	7.3 – 27.0	*to be determined*
	Females	8.5	6.9	4.8 – 12.9	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) *2004/2005*	Males	13.4	14.7	10.5 – 22.0	*to be determined*
	Females	23.2	26.6	19.9 – 38.0	

Notes:

1—Starting 2005/2006, diabetes cases were determined using an enhanced version of the methodology (the prescription drug database is now used along with the hospital separations and physician services databases). Caution should be exercised if comparing results to those that were presented in the 2004/2005 summary.

Management Report

PRINCE ALBERT PARKLAND HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Prince Albert Parkland Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance/Audit Committee. The Finance/Audit Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance/Audit Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance/Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Cecile Hunt
Chief Executive Officer

Morgan Kennedy
Chief Financial Officer

MEYERS NORRIS PENNY LLP

AUDITORS' REPORT

To: The Prince Albert Parkland Regional Health Authority

We have audited the statement of financial position of the Prince Albert Parkland Regional Health Authority as at March 31, 2007 and the statements of operations and changes in fund balances, and cash flows, and supporting schedules for the year then ended. These financial statements are the responsibility of the Prince Albert Parkland Regional Health Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Prince Albert Parkland Regional Health Authority as at March 31, 2007 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Meyers Norris Penny LLP

Chartered Accountants

Prince Albert, Saskatchewan
May 18, 2007

BAKER TILLY INTERNATIONAL

CHARTERED ACCOUNTANTS & BUSINESS ADVISORS
25 - 11TH ST. E., PRINCE ALBERT, SK S6V 0Z8
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PRINCE ALBERT PARKLAND
HEALTH REGION

FINANCIAL REPORT

For year ended March 31, 2007

STATEMENT 1

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2007

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2007	Total 2006
ASSETS					
Current assets					
Cash and short-term investments (Statement 3)	$ 9,601,954	$ 1,531,447	$ 120,746	$ 11,254,147	$ 2,006,745
Accounts receivable					
Saskatchewan Health - General Revenue Func	522,845	130,000	-	652,845	5,188,318
Other	2,293,404	162,829	4,933	2,461,166	2,757,910
Inventory	836,663	-	-	836,663	833,323
Prepaid expenses	1,033,877	-	-	1,033,877	266,869
	14,288,743	1,824,276	125,679	16,238,698	11,053,165
Long term receivables (Note 3)	-	-	669,035	669,035	627,876
Investments (Market $609,468 ; 2006 - $588,022)	-	-	609,468	609,468	588,022
Capital assets (Note 4)	-	42,338,709	-	42,338,709	43,112,817
Total Assets	$ 14,288,743	$ 44,162,985	$ 1,404,182	$ 59,855,910	$ 55,381,880
LIABILITIES & FUND BALANCE					
Current liabilities					
Accounts payable	$ 9,198,584	$ 96,461	$ -	$ 9,295,045	$ 4,316,677
Other Payable - Prince Albert Grand Council	2,255,000	-	-	2,255,000	805,000
Accrued salaries	2,194,449	-	-	2,194,449	6,010,687
Vacation payable	6,615,995	-	-	6,615,995	6,226,507
Bank loans payable	-	-	-	-	28,106
Current portion of mortgages payable (Note 6)	-	676,448	-	676,448	640,689
Current portion of capital lease obligation	-	-	-	-	154,305
Deferred revenue (Note 7)	2,114,259	-	-	2,114,259	690,830
	22,378,287	772,909	-	23,151,196	18,872,801
Long Term Liabilities					
Mortgages payable (Note 6)	-	8,326,235	-	8,326,235	9,040,096
Total Liabilities	22,378,287	9,099,144	-	31,477,431	27,912,897
Fund Balances:					
Invested in capital assets	-	33,239,565	-	33,239,565	33,150,563
Externally restricted (Schedule 3)	-	-	1,404,182	1,404,182	1,336,071
Internally restricted (Schedule 4)	-	1,257,688	-	1,257,688	1,205,974
Unrestricted	(8,089,544)	566,588	-	(7,522,956)	(8,223,625)
Fund balances – (Statement 2)	(8,089,544)	35,063,841	1,404,182	28,378,479	27,468,983
Total Liabilities & Fund Balances	$ 14,288,743	$ 44,162,985	$ 1,404,182	$ 59,855,910	$ 55,381,880

APPROVED BY THE BOARD:

DIRECTOR

DIRECTOR

(See accompanying notes to the financial statements)

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2007

	Operating Fund			Restricted			
	Budget 2007 (Note 12)	2007	2006 (Note 19)	Capital Fund 2007	Community Trust Fund 2007	Total 2007	Total 2006
REVENUES							
Saskatchewan Health - General Revenue	$119,871,899	$122,032,432	$113,304,565	$3,765,188	$ -	$ 3,765,188	$ 2,671,330
Other Provincial Revenue	1,360,000	1,142,935	1,359,584	-	-	-	-
Federal Government Revenue	80,000	109,626	81,255	319,791	-	319,791	393,499
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	-	-	-	-	-	-	-
Patient Fees	5,490,000	6,087,136	6,163,352	-	-	-	-
Out of Province Revenue (Reciprocal)	570,000	557,448	496,275	-	-	-	-
Out of Country Revenue	10,000	17,850	11,862	-	-	-	-
Donations	-	31,845	47,898	423,217	-	423,217	314,656
Investment Revenue	40,000	167,007	49,394	108,031	68,111	176,142	156,929
Ancillary Revenue	1,010,400	956,181	1,000,412	-	-	-	-
Recoveries	1,600,000	2,981,267	2,021,412	-	-	-	-
Other Revenue	1,048,419	45,445	730,408	40,431	-	40,431	16
	131,080,718	134,129,172	125,266,417	4,656,658	68,111	4,724,769	3,536,430
EXPENSES							
Province Wide Acute Care Services	1,846,472	1,587,206	1,610,901	-	-	-	-
Acute Care Services	49,012,471	51,428,004	49,322,262	2,375,664	-	2,375,664	2,163,922
Physician Compensation - Acute	9,139,369	9,502,724	8,222,053	-	-	-	-
Supportive Care Services	32,637,223	33,841,519	32,211,809	1,340,887	-	1,340,887	1,539,525
Home Based Service - Supportive Care	6,719,963	6,390,713	6,258,745	14,635	-	14,635	12,578
Population Health Services	4,253,250	4,146,883	4,045,874	9,326	-	9,326	9,218
Community Care Services	10,180,905	8,334,852	7,685,889	1,919	-	1,919	916
Home Based Services - Acute & Palliative	2,132,577	1,995,085	1,923,336	3,890	-	3,890	3,344
Primary Health Care Services	1,389,917	1,309,276	1,078,964	38,739	-	38,739	37,790
Emergency Response Services - RHA	2,668,191	2,620,734	2,462,078	-	-	-	-
Mental Health Services - Inpatient	3,863,441	3,783,647	3,682,834	-	-	-	-
Physician Compensation - Community Services	1,018,412	1,698,000	1,154,866	-	-	-	-
Program Support Services	5,342,598	6,016,717	5,795,551	-	-	-	51,508
Special Funded Programs	695,507	646,277	702,265	93,069	-	93,069	-
Ancillary	675,083	648,306	616,182	116,374	-	116,374	153,874
Total Expenses (Schedule 1)	131,575,379	133,949,943	126,773,609	3,994,503	-	3,994,503	3,972,675
Excess (Deficiency) of revenues over expenses	$ (494,661)	179,229	(1,507,192)	662,155	68,111	730,266	(436,245)
Fund Balances, beginning of year		(8,206,890)	(6,779,552)	34,339,803	1,336,071	35,675,874	36,191,973
Interfund transfers (Note 13)		(61,883)	79,854	61,883	-	61,883	(79,854)
Fund balances, end of year		$ (8,089,544)	$ (8,206,890)	$ 35,063,841	$ 1,404,182	$ 36,468,023	$ 35,675,874

(See accompanying notes to the financial statements)

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the year ended March 31, 2007

	Operating Fund		Restricted Fund			
	2007	2006 (Note 19)	Capital Fund	Community Trust Fund	Total 2007	Total 2006
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (Deficiency) of revenues over expenses	$ 179,229	$ (1,507,193)	$ 662,155	$ 68,111	$ 730,266	$ (436,245)
Net change in non-cash working capital (Note 8)	7,666,177	633,391	820,740	(41,159)	779,581	(1,094,577)
Amortization of capital assets		-	3,218,598	-	3,218,598	3,375,419
Investment income on long-term investments		-	-		-	-
Gain/(loss) on disposal of capital assets	-	-	-	-	-	-
	7,845,406	(873,802)	4,701,493	26,952	4,728,446	1,844,597
Purchase of capital assets						
Land and leasehold improvements	-	-	-		-	(25,498)
Buildings/construction	-	-	(615,692)		(615,692)	(904,745)
Equipment	-	-	(1,828,796)		(1,828,796)	(1,839,892)
Proceeds on disposal of capital assets						
Buildings	-	-	-		-	-
Equipment	-	-	-		-	-
Purchase of long-term investment	-	-	-	(21,447)	(21,447)	(213,000)
	-	-	(2,444,488)	(21,447)	(2,465,935)	(2,983,135)
Repayment of debt	-	-	(860,513)	-	(860,513)	(1,080,000)
Net increase (decrease) in cash & short term investments during the year	7,845,406	(873,802)	1,396,492	5,505	1,401,997	(2,218,538)
Cash & short term investments, beginning of year	1,818,431	2,612,379	73,072	115,241	188,313	2,486,696
Interfund transfers (Note 13)	(61,883)	79,854	61,883	-	61,883	(79,845)
Cash & short term investments, end of year	$ 9,601,954	$ 1,818,431	$ 1,531,447	$ 120,746	$ 1,652,193	$ 188,313
Amounts in cash balances						
Cash & short term investments	$ 9,601,954	$ 1,818,431	$ 1,531,447	$ 120,746	$ 1,652,193	$ 188,313

(See accompanying notes to the financial statements)

SCHEDULE 1

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY

SCHEDULE OF EXPENDITURES BY OBJECT

For the Year Ended March 31, 2007

	Budget 2007	Actual 2007	Actual 2006
Operating:			
Board Costs	$ 152,800	$ 134,301	$ 165,273
Compensation - Benefits	14,275,146	14,396,242	13,160,652
Compensation - Salaries	75,132,349	74,818,101	72,081,282
Diagnostic Imaging Supplies	109,500	90,983	99,548
Drugs & Gases	2,020,650	2,060,961	1,933,318
Food	1,950,775	1,934,738	1,881,514
Grants to Ambulance Services	2,626,473	2,594,004	2,437,476
Grants to third parties	6,497,575	6,767,207	6,376,285
Housekeeping and Laundry supplies	1,084,653	1,036,199	1,063,385
Information Technology Contracts	130,000	75,415	124,185
Insurance	277,148	258,739	259,017
Interest Expense	5,000	22,271	14,709
Laboratory Supplies	999,820	867,145	946,131
Medical and Surgical Supplies	2,385,000	2,502,898	2,366,768
Medical remuneration and benefits	10,157,780	11,190,762	10,285,908
Office supplies and other office costs	554,510	534,958	543,638
Other	1,754,428	1,788,667	1,720,027
Other Referred-out Services	2,617,620	2,554,215	2,585,901
Professional fees	567,318	624,751	556,194
Prosthetics	675,000	627,235	664,229
Purchased services	1,400,040	2,182,119	1,379,687
Rent/lease costs	1,210,923	1,333,470	1,187,179
Repairs and maintenance	780,870	870,675	775,363
Service Contracts	593,613	675,069	581,974
Travel	1,041,387	1,222,995	1,030,772
Utilities	2,575,000	2,785,823	2,553,194
	$ 131,575,378	**$ 133,949,943**	**$ 126,773,609**
Restricted:			
Amortization		$ 3,218,598	$ 3,375,419
Loss/(Gain) on disposal of fixed assets		-	-
Other		775,905	597,256
		$ 3,994,503	**$ 3,972,675**

SCHEDULE 2

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATED INVESTMENTS
For the Year Ended March 31, 2007

	Amount	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short-term				
Chequing and Savings:				
CIBC - Prince Albert, Sk	$ 1,652,193			
	1,652,193			
Total Cash & Short Term Investments	1,652,193			
Long Term				
Shellbrook Credit Union	10,000	4/5/2008	4.20%	
Shellbrook Credit Union	13,096	9/18/2009	4.50%	
Shellbrook Credit Union	117,078	3/25/2009	4.58%	
Shellbrook Credit Union	140,719	6/1/2008	4.50%	
Shellbrook Credit Union	57,712	2/20/2008	3.67%	
Shellbrook Credit Union	52,150	3/14/2009	4.30%	
Shellbrook Credit Union	86,808	3/14/2008	4.20%	
Shellbrook Scotia Bank	27,913	8/24/2009	4.00%	
Shellbrook Scotia Bank	36,701	2/20/2012	3.30%	
Shellbrook Credit Union - Equity	8,668			
Shellbrook Credit Union Cash	58,623			
Total Long Term Investments	609,468			
Total Restricted Investments	**2,261,661**			
Unrestricted Investments				
Cash and Short-Term				
Petty Cash	$ 7,795			
C.I.B.C. - Prince Albert, Sk	7,206,339			
Shellbrook Credit Union	38,722			
Marcelin Credit Union	33,516			
Leoville Credit Union	17,435			
Scotiabank (Kinistino)	41,799			
Spiritwood Credit Union	61,371			
CIBC - Wood Gundy Cash	560			
Other Holding Accounts				
Canada Housing Trust	1,383,822	3/15/2008	3.79%	
Manitoba Telecom Services	150,699	7/2/2007	4.90%	
Ontario Hydro Global	129,893	4/15/2012	3.70%	
Province of British Columbia	129,535	6/9/2008	3.60%	
Province of British Columbia	99,180	3/5/2009	3.00%	
Province of British Columbia	161,029	1/9/2010	5.02%	
Province of British Columbia	113,818	9/8/2011	4.45%	
Province of Ontario	26,442	3/8/2009	3.00%	
Total Cash and Short Term Investments	**9,601,954**			
Long Term				
Total Long Term Investments	-			
Total Unrestricted Investments	**9,601,954**			
Total Investments	**$ 11,863,615**			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 11,254,147			
Total Long Term	609,468			
Total Investments	**$ 11,863,615**			

Restricted Investments consist of : community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (A Division of The Department of Community Resources) (SHC) are held in the Capital Fund (Schedule 4).

SCHEDULE 3

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATED EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2007

COMMUNITY TRUST FUND EQUITY

	Balance, Beginning of Year	Investment and Other Income	Donation	Expenses	Withdrawals	Balance, End of Year
Kinistino and District Health Foundation Inc.	$ 528,126	$ 36,507	$ -	$ -	$ -	$ 564,633
The Birch Hills and Area Health Care Foundation Inc.	99,750	4,652	-	-	-	104,402
Shellbrook Union Hospital Board	592,954	21,446	-	-	-	614,400
Prince Albert Parkland Regional Health Authority	115,241	5,506	-	-	-	120,747
Total	**$ 1,336,071**	**$ 68,111**	**$ -**	**$ -**	**$ -**	**$ 1,404,182**

SCHEDULE 4

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATED INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2007

	Balance, Beginning of Year	Investment Income Allocated	Annual Allocation (from unrestricted fund)	Transfer (to unrestricted fund)	Transfer (to investment in capital asset fund)	Balance, End of Year
Capital						
SHC Replacement Reserves						
Birchview Home	$ 24,956	$ 1,794	$ 5,075	$ 13,420	$ -	$ 18,405
Hafford Special Care Centre	3,422	112	4,250	-	-	7,784
Herb Bassett Home	241,124	17,723	49,740	17,417	1,827	289,343
Idylwild Lodge	-	-	10,000	-	-	10,000
Jubilee Lodge	72,285	5,635	9,500	12,672	58,359	16,389
Jubilee Units	86,701	5,817	8,054	-	-	100,572
Lakewood Lodge	27,863	916	9,100	-	-	37,879
Parkland Terrace	60,990	2,006	7,707	-	-	70,703
Pineview Terrace Lodge	33,523	2,582	-	12,788	-	23,317
Pineview Terrace Units	219,249	14,541	-	-	23,760	210,030
Wheatland Lodge	17,222	565	7,750	-	-	25,537
Whispering Pine Place	67,896	2,235	8,500	1,496	-	77,135
Total SHC	855,231	53,926	119,676	57,793	83,946	887,094
Other Internally Restricted Funds						
Begin Estate	$ 3,116	$ 205	$ -	$ -	$ -	$ 3,321
Ferris Estate	26,652	1,708	-	-	-	28,360
Herb Bassett Home Chapel	7,659	500	-	-	-	8,159
Parkland Terrace	61,803	1,999	-	-	-	63,802
Poole Estate	16,871	1,102	-	-	-	17,973
Printing Equipment	91,398	5,961	-	-	-	97,359
Renal	39,392	2,570	-	-	-	41,962
Smith Estate	94,275	5,183	-	-	-	99,458
Watsang Estate	9,577	623	-	-	-	10,200
Total Other	350,743	19,851	-	-	-	370,594
Total Internally Restricted Fund	**$ 1,205,974**	**$ 73,777**	**$ 119,676**	**$ 57,793**	**$ 83,946**	**$ 1,257,688**

SCHEDULE 5

PRINCE ALBERT PARKLAND HEALTH REGION
CONSOLIDATED SCHEDULE OF

BOARD MEMBER REMUNERATION
For the year ended March 31, 2007

Board Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2007 Total	2006 Total
Chairperson								
Ewanchuk, R.	$ 9,960	$ 10,594	$ 8,119	$ 8,980	$ 1,903	$ 1,097	$ 40,653	$ 41,821
Board Member								
Attrux, I.	-	5,044	2,656	3,469	-	-	11,169	12,385
Boechler, J.	-	3,644	1,513	1,697	-	-	6,853	12,000
Code, D.	-	3,775	275	432	-	114	4,595	-
Ferguson, L.	-	4,431	494	662	-	-	5,587	5,567
Gange, H.	-	5,213	2,165	3,787	225	-	11,390	10,679
Green, B.	-	3,381	470	687	-	128	4,667	5,928
Haysom, A.	-	1,725	425	407	-	87	2,643	6,777
Leson, P.	-	3,838	263	453	-	224	4,777	7,962
Morin, P.	-	4,031	638	807	-	168	5,644	6,124
O'Neil, C.	-	3,056	1,363	1,853	-	74	6,346	10,260
Saam, L.	-	5,312	1,840	2,598	-	214	9,963	8,237
Hill, L								893
Total	$ 9,960	$ 54,043	$ 20,218	$ 25,832	$ 2,128	$ 2,106	$ 114,288	$ 128,633

SCHEDULE 5

PRINCE ALBERT PARKLAND HEALTH REGION
CONSOLIDATED SCHEDULE OF

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
For the year ended March 31, 2007

		2007							2006			
						Severance						
Name	Staff	Number of FTE's	Salaries[1]	Benefits and Allowances[2]	Sub-total	Number of FTE's	Amount	Total	Number of FTE's	Salaries, Benefits and Allowances	Severance	Total
Cecilia Hunt	Chief Executive Officer *Prince Albert Parkland*	1.00	$ 122,013	$ 14,798	$ 136,811	-	$ -	$ 136,811	1.00	$ 101,568	$ 114,460	$ 216,028
	Senior Positions:											
Lynnda Berg	*VP Primary & Community Care*	1.00	119,643	13,521	133,164	-	-	133,164	1.00	126,719	-	126,719
John Piggott	*VP Acute & Emergency Services*	1.00	122,915	13,521	136,437	-	-	136,437	1.00	130,616	-	130,616
Joan Gasior	*VP Supportive Care*	1.00	119,643	13,521	133,164	-	-	133,164	1.00	126,730	-	126,730
Morgan Kennedy	*Chief Financial Officer*	1.00	112,870	12,893	125,763	-	-	125,763	1.00	119,064	-	119,064
Donna Longpre	*Chief Human ResourcesOfficer*	1.00	113,875	12,893	126,768	-	-	126,768	1.00	118,091	-	118,091
Dr. Louis Poulin	*Senior Physician Executive*	0.80	124,185	5,329	129,514	-	-	129,514	0.60	185,999	-	185,999
Dr. Leo Lanoie	*Medical Health Officer*	0.80	192,083	-	192,083			192,083	0.80	173,642	-	173,642
	Total	7.60	$ 1,027,227	$ 86,475	$ 1,113,703	-	$ -	$ 1,113,703	7.40	$ 1,082,427	$ 114,460	$ 1,196,887

(1) Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.

(2) Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. (As well as any other taxable benefits.)

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS

March 31, 2007

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (The Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan. The Prince Albert Parkland Regional Health Authority was created by The Act and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Prince Albert Parkland Health Region, under section 27 of The Act.

The Prince Albert Parkland Regional Health Authority is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies:

a) Health Care Organizations

i) The Regional Health Authority has agreements with and grants funding to the following CBOs and third parties to provide health services:

Canadian Mental Health Association
Cooperative Health
Family Futures
Prince Albert Council on Alcohol & Drug Abuse
Prince Albert Mobile Crisis Unit
PA Early Childhood Intervention
S.H.A.R.E

Blaine Lake Ambulance
Parkland Ambulance
Spiritwood Ambulance

Note 10b(i) provides disclosure of payments to CBOs and third Parties.

ii) The following affiliate is incorporated as follows (and is a registered charity under the Income Tax Act):

Mont. St Joseph Home Inc.

The Regional Health Authority provides annual grant funding to this organization for the delivery of health care services. Consequently, the Regional Health Authority has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the Regional Health Authority financial statements. Alternatively, Note 10b(ii) provides supplementary information on the financial position, results of operations and cash flows of the affiliate.

iii) The Victoria Hospital Foundation Inc. (the Foundation) is incorporated under the Non-Profit Corporations Act and is a registered charity under the Income Tax Act.

Under the Foundation's Articles of Incorporation, all funds raised by the Foundation after payments of reasonable expenses must be used to purchase and transfer assets to the Regional Health Authority, for the purpose to provide health care services.

These financial statements do not include the financial activities of the foundation. Alternatively, Note 10b(iii) provides supplementary information of the foundation.

b) Fund Accounting

The accounts of the Regional Health Authority are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the Regional Health Authority including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the Regional Health Authority in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the Regional Health Authority in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the Regional Health Authority from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the Regional Health Authority and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Patient Fees and Ancillary revenue are recorded in the period services or goods are provided. Investment revenue is recorded in the period earned.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are valued at cost as determined on the first in, first out basis.

e) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2 1/2% to 5%
Land and leasehold improvements	10% to 20%
Equipment	5% to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

f) Investments

Investments are valued at the lower of cost or market.

g) Pension

Employees of the Regional Health Authority participate in several multi-employer defined benefit pension plans, or a defined contribution plan. The Regional Health Authority follows defined contribution plan accounting for its participation in the plans. Accordingly, the Regional Health Authority expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

i) Financial Instrument Standards

In January 2005, the Canadian Institute of Chartered Accountants issued new recommendations for the recognition and measurement of financial instruments, and amendments to the existing presentation and disclosure standards, effective for interim and annual financial statements with fiscal years beginning on or after October 1, 2006. Section 3855 *Financial Instruments – Recognition and Measurement* establishes standards for recognizing and measuring financial assets, financial liabilities and non-financial derivatives. Section 3861 *Financial Instruments – Disclosure and Presentation* discusses the presentation and disclosure of these items. The application of hedge accounting is covered in Section 3865 *Hedges*. Section 1530 *Comprehensive Income* establishes standards for reporting and displaying certain gains and losses, such as unrealized gains and losses related to hedges or other derivative instruments, outside of net income, in a statement of comprehensive income. Although the requirements of Section 1530 *Comprehensive Income* are not applicable for not-for-profit organizations, amendments to Section 4400 *Not-For-Profit Organizations* will require presentation of gains, losses, revenues and expenses arising from derivatives, hedges and other financial instruments as separate components of the change in net assets. There have also been numerous consequential amendments made to other Sections.

In December 2006, the Canadian Institute of Chartered Accountants issued Section 3862 Financial Instruments – Disclosures and Section 3863 Financial Instruments – Presentation to replace Section 3861 Financial Instruments – Disclosure and Presentation. These new Sections are effective for interim and annual financial statements with fiscal years beginning on or after October 1, 2007, but may be adopted in place of Section 3861, before that date.

The Regional Health Authority has not yet determined the effect of these new standards on its financial statements. However, it does not expect the adoption of these new standards to have a material impact on its financial statements.

3. Long-term receivable

Community Trust:
The Kinistino and District Health Foundation Inc. and the Birch Hills and Area Health Care Foundation Inc. hold the Pre-amalgamation funds on behalf of the RHA. The amounts that are held in these funds are listed below.

	2007	2006
Kinistino and District Health Foundation Inc.	$ 564,633	$ 528,126
Birch Hills and Area Health Care Foundation Inc.	104,402	99.750
	$ 669,035	$ 627,876

4. Capital Assets

	March 31, 2007			March 31, 2006
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 650,420	$ -	$ 650,420	$ 650,420
Land Improvements	867,949	699,860	168,089	186,183
Buildings	74,377,805	39,087,701	35,290,104	37,081,221
Equipment	28,096,331	22,681,397	5,414,933	5,148,230
Construction in progress	815,163	-	815,163	46,763
	$ 104,807,667	$ 62,468,959	$ 42,338,709	$ 43,112,817

5. Commitments

a) Capital Asset Acquisitions

At March 31, 2007, commitments for acquisition of capital assets were $165,000 (2006 - $ 249,000).

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next 3 years are as follows:

2008	$211,560
2009	211,560
2010	14,465

c) Annuities

The former Prince Albert District Health Board received donations and entered into charitable annuity agreements with the donors to purchase annuities on the donor's behalf. The Regional Health Authority's liability under the agreements is to ensure that each donor receives the monthly annuity paid by the financial institution who issued the annuity. Upon the death of the annuitant the balance of the funds, if any, will be transferred to the Regional Health Authority. The asset and related liability have not been disclosed in the balance sheet due to the trust arrangements in effect and due to the uncertainty of future events.

6. **Mortgages Payable**
(in dollars)

Title of Issues	Interest Rate	Annual Repayment Terms	Balance Outstanding 2007	Balance Outstanding 2006
Birchview Nursing Home CMHC, due December 1, 2018	4.54%	$95,038 principal & interest of which $24,329 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015	**$ 865,864**	$ 920,604
Evergreen Health Centre CMHC, due September 1, 2023	4.54%	$51,714 principal & interest of which $13,112 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015	**601,413**	625,481
Hafford & District Nursing CMHC, due February 1, 2030	10.00%	$26,719 principal & interest of which $4,990.56 is subsidized directly by SHC – Mortgage renewal date – February 1, 2030	**263,503**	267,084
Herb Bassett Home CMHC, due March 1, 2009	4.70%	$355,944 principal & interest of which $77,066 is subsidized by SHC, yielding an effective interest rate of 2% Mortgage renewal date – March 1, 2008	**678,727**	995,001
Idylwild Lodge CMHC due June 1, 2020	4.69%	$126,527 principal & interest of which $39,987 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – August 1, 2016	**1,212,231**	1,274,546
Jubilee Lodge CMHC, due November 1, 2020	4.32%	$55,261 principal & interest of which $15,045 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2016.	**570,820**	600,932
Jubilee Lodge Rental Units CMHC, due May 1, 2015	5.125%	$11,341 principal & interest.	**75,693**	82,994
Lakewood Lodge CMHC, due September 1, 2021	4.69%	$112,442 principal & interest of which $35,631 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – August 1, 2016.	**1,146,016**	1,197,961
Parkland Terrace CMHC, due April 1, 2027	8.00%	$43,944 principal & interest, with an amount of $35,587 forgivable at $1,694 per year over the life of the mortgage if regular payments are made.	**476,726**	487,138
Rabbit Lake Health Centre CMHC, due September 1, 2021	4.54%	$43,506 principal & interest of which $11,063 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015.	**462,638**	484,787

Wheatland Lodge CMHC, due April 1, 2026	4.69%	$103,739 principal & interest of which a certain amount is subsidized monthly based on the net loss of the shelter component. Mortgage renewal date – August 1, 2016.	**1,257,424**	1,295,354
Whispering Pine Place CMHC, due July 1, 2023	4.39%	$119,187 principal & interest of which $29,756 is subsidized by SHC. Mortgage renewal date – June 1, 2015.	**1,391,630**	1,448,903
			9,002,683	9,680,785
Less: Current portion			**676,448**	640,689
			$ 8,326,235	$9,040,096

For each of the mortgages, the Regional Health Authority has pledged the related buildings of the special care homes as security. Additional security is provided on the mortgages for Jubilee Lodge and Birchview Nursing Home by security agreements on equipment and furnishings and the assignment of rents and leases. Additional security is provided for the mortgage on the Herb Bassett Home by an assignment of rents and leases. Additional security is provided for the mortgages of Idyllwild Lodge, Evergreen Health Centre, Hafford & District Nursing, Lakewood Lodge, Parkland Terrace, Rabbit Lake Health Centre, Wheatland Lodge and Whispering Pine Place by the assignment of land and equipment.

Principal repayments required in each of the next five years are estimated as follows:

2008	$ 676,448	2011	$ 415,592
2009	$ 714,293	2012	$ 442,198
2010	$ 390,719	2012 and subsequent	$ 6,363,433

7. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Saskatchewan Health – General Revenue Fund	$ -	$ -	$ -	$ -
Aboriginal Awareness Funding	22,460	15,596		6,864
Children's Mental Health		59,795	125,126	65,331
Cognitive Disabilities	30,943	193,273	175,000	12,670
Community Mental Health			84,000	84,000
Cont Education/Development	87,151	16,856		70,295
Enhanced Needle Exchange	25,000		7,000	32,000
Epidemiological Monitoring			50,000	50,000
Family Support/Rehab	17,343	19,301	21,000	19,042
Health Promotion Plan	22,000	22,000		-
HIV Case Management	20,000	20,000	20,000	20,000
Infant Influenza	7,500	15,150	7,650	-
Infant Mortality	801	801		-
Meningococcal Catch Up			4,640	4,640
Needle Stick Injury	76,342	76,342		-
Primary Care	20,651	476,820	751,820	295,651
Project Hope	106,667	1,202,236	2,133,167	1,037,598
Quality Health Workplace	20,970			20,970
Return to Work Program			100,000	100,000
SIMS / PHIS	15,854	14,536	10,000	11,318
Tobacco Grant	13,894	13,894		-
Tobacco Resource Sharing Days	1,092	1,092		-
Vaccination -Underserviced Area	7,700	7,700	15,000	15,000
Workforce Action Plan			89,130	89,130
Youth Criminal Justice Act	10,936			10,936
Total Sask Health	**$ 507,304**	**$ 2,155,392**	**$ 3,593,533**	**$ 1,945,445**
Non Sask Health Initiatives				
Aboriginal Employees Network	$ 9,000	$ -	$ -	$ 9,000
Acquired Brain Injury	169,342	510,173	498,145	157,314
Life Skills Coach Training			2,500	2,500
Needle Disposal Grant	1,825	1,825		-
Parent Support Program	126	126		-
Preventative Support Grant	2,960	2,960		-
Total Non Sask Health	**$ 183,253**	**$ 515,084**	**$ 500,645**	**$ 168,814**
Total Deferred Revenue	**$ 690,557**	**$ 2,670,476**	**$ 4,094,178**	**$ 2,114,259**

8. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2007	2006	Capital Fund	Community Trust Fund	Total 2007	Total 2006
(Increase) Decrease in accounts receivable	$ 4,008,879	$ (5,474,439)	$ 823,338	$ (41,159)	$ 782,179	$ (823,621)
(Increase) Decrease in inventory	(3,340)	(49,466)	-	-	-	
(Increase) Decrease in prepaid expenses	(767,008)	456,607	-	-	-	
Increase (Decrease) in accounts payable	6,430,966	1,947,627	(2,598)	-	(2,598)	(270,956)
Increase (Decrease) in accrued salaries	(3,816,238)	3,346,300	-	-	-	
Increase (Decrease) in vacation payable	389,488	601,666	-	-	-	
Increase (Decrease) in deferred revenue	1,423,430	(194,904)	-	-	-	
	$ 7,666,177	$ 633,391	$ 820,740	$ (41,159)	$ 779,581	$ (1,094,577)

9. Patient and Resident Trust Accounts

The Regional Health Authority administers funds held in trust for patients and residents using the Regional Health Authority's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2007 was $146,973 (2006 - $144,205). These amounts are not reflected in the financial statements.

	2007	2006
Patient / resident	$ 121,185	$ 119,193
Leoville Union Hospital –Pre-amalgamation	25,788	25,012
	$ 146,973	$ 144,205

10. Related Parties

These financial statements include transactions with related parties. The Regional Health Authority is related to all Saskatchewan Crown agencies such as departments, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Regional Health Authority is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the Regional Health Authority is related to other non-Governmental organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

	2007	2006
Revenues		
North Sask Laundry	$ 244,391	$ 252,803
S.G.I.	753,369	838,351
WCB	398,815	340,853
	$ 1,394,575	$ 1,432,007
Accounts Receivable		
Dept of Community Resources	$ 1,646	$ 1,646
Health Quality Council	4,303	-
Mont St. Joseph	3,051	29,919
North Sask Laundry	40,971	62,230
Sask Cancer Agency	468	8,483
Sask Health	522,845	3,829,348
Saskatoon Health Region	225	11,137
S.G.I.	8,135	76,890
WCB	75,839	122,294
Misc. Customers (under $1000)	781	3,039
	$ 658,264	$ 4,144,986
Pre-Paid Expenses		
North Sask Laundry	$ 114,070	$ 114,070
	$ 114,070	$ 114,070
Accounts Payable		
Minister of Finance	$ 9,897	$ 14,473
North Sask Laundry	498,861	183,275
WCB	1,103,289	442,194
	$ 1,612,047	$ 639,942

	2007	2006
Expenditures		
Canadian Mental Health	$ 145,674	$ 152,197
Health Quality Council	150	-
Minister of Finance	263,226	286,998
North Sask Laundry	1,998,611	1,993,125
P.A.C.A.D.A	339,600	339,348
Public Employees Benefit	250,823	235,136
Royal University Hospital	149	670
S.A.H.O.	5,160,960	3,880,418
S.G.I.	1,859	3,762
S.H.A.R.E.	438,218	422,525
Sask Energy	691,287	563,431
Sask Mobility	113,205	86,817
Sask Power	1,005,924	1,005,019
Sask Property Management	214,602	139,675
Sask Transport Company	4,003	3,175
All Other Health Regions	14,988	8,073
Sask-Tel	369,796	346,762
SHEPP	7,455,965	7,707,517
University of Saskatchewan	1,258	2,011
WCB	1,826,430	940,503
	$ 20,296,728	$ 18,117,162

In Addition, the Regional Health Authority pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes are recorded as part of the cost of those purchases.

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The Regional Health Authority has also entered into agreements with CBOs and Third Parties to provide health services.

These organizations receive operating funding from the Regional Health Authority on a monthly basis in accordance with budget amounts approved annually. During the year, the Regional Health Authority provided the following amounts to CBOs and Third Parties:

	2007	2006
Canadian Mental Health Association	$ 145,674	$ 152,197
Cooperative Health	155,127	127,380
Family Futures	49,390	36,625
Prince Albert Council on Alcohol & Drug Abuse	339,600	339,348
Prince Albert Mobile Crisis Unit	64,000	64,810
Prince Albert Early Childhood Intervention	40,778	40,038
S.H.A.R.E.	438,218	422,525
Blaine Lake Ambulance	251,446	227,542
Parkland Ambulance	1,909,925	1,599,328
Spiritwood Ambulance	693,913	622,713
	$4,088,071	$3,632,506

ii) Affiliates

The Act makes the Regional Health Authority responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the Regional Health Authority. The Regional Health Authority exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate.

	2007	2006
Mont St. Joseph Home Inc.	$ 6,272,724	$ 5,464,905

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entity for the years ended March 31, for 2007 and 2006.

Mont. St. Joseph Home Inc.:

	2007	2006
Balance Sheet		
Assets	$ 708,731	$ 383,354
Net Capital Assets	10,877,639	11,288,130
Total Assets	$ 11,586,370	$ 11,671,484
Total Liabilities	$ 1,431,784	$ 1,146,957
Total Net Assets (Fund Balances)	10,154,586	10,524,527
	$ 11,586,370	$ 11,671,484
Results of Operations		
RHA Grant	$ 6,272,724	$ 5,464,905
Other Revenue	1,779,763	1,713,744
Total Revenue	8,052,487	7,178,649
Salaries & Benefits	6,534,593	5,806,364
Other Expenses*	1,887,835	1,753,677
Total Expenses	8,422,428	7,560,041
Excess Revenue over Expenses	$ (369,941)	$ (381,392)
*Other Expenses includes amortization of $462,603 (2006 - $457,391)		
Cash Flows		
Cash from operations	$ (29,442)	$ 333,227
Cash used in Financing Activities	75,401	(1,736)
Cash used in Investing Activities*	(52,112)	(64,442)
Increase in cash	$ (6,153)	$ 267,049

*Cash used in investing activities includes capital purchases of $52,112 (2006-$64,442)

iii) Fundraising Foundations

Fundraising efforts are undertaken through a non-profit business corporation known as the Victoria Hospital Foundation. The Prince Albert Parkland Regional Health Authority has an economic interest in the Foundation. In accordance with donor-imposed restrictions, $628,162 (2006-$494,189) of the foundation's net assets must be used to purchase specialized equipment. The foundation's total expenses include contributions of $289,739 (2006 - $368,913) to the Regional Health Authority.

The Foundation has not been consolidated in the Regional Health Authority's financial statements. Financial statements of the Foundation are available upon request. Financial summaries of the unconsolidated entity for the years ended September 30, 2006 and 2005 are as follows:

Victoria Hospital Foundation:

Balance Sheet	2006	2005
Total Assets	$ 857,327	$ 863,876
Total Liabilities	28,515	149,495
Total Net Assets (Fund Balances)	828,812	714,381
	$ 857,327	$ 863,876
Results of Operations		
Total Revenue	590,461	608,615
Salaries & Benefits	141,585	113,569
Other Expenses*	334,445	407,785
Total Expenses*	476,030	521,354
Excess Revenue over Expenses	$ 114,431	$ 87,261

*Total Expenses include contributions of $289,739 (2005 - $368,913) to the Regional Health Authority and amortization of $3,862 (2005 - $7,010)

Cash Flows		
Cash From Operations	$ 163,151	$ 276,674
Cash Used in Financing Activity	-	-
Cash Used in Investing Activity*	(5,358)	(3,188)
	$ 157,793	$ 273,486

*Investing Activities includes capital purchases of $5,358 (2005 - $3,188)

11. Pension Plan

Employees of the Regional Health Authority participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) – This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) – This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The Regional Health Authority's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services. Pension expense for the year amounted to $4,542,171 (2006 - $3,987,349) and is included in benefits in Schedule 1.

Effective March 31 2007contribution rates are as follows:

6.55% (2006 - 6.55%) of pensionable earnings up to the yearly maximum (CPP) plus

8.23% (2006 - 8.23%) of pensionable earnings above the yearly maximum (CPP).

12. Budget

The Regional Health Authority Board approved the 2006-2007 budget plan on May 31st, 2006.

13. Interfund Transfers

Each year the Regional Health Authority transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2007			2006		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	$ -	$ -	$ -	$ -	$ -	$ -
Capital asset purchases	-	-	-	-	23,648	(23,648)
SHC reserves	(61,883)	61,883	-	79,854	(79,854)	-
Mortgage Payments	-	-	-	-	-	-
Other	-	-	-	-	-	-
Total	$ (61,883)	$ 61,883	$ -	$ 79,854	$ (56,206)	$ (23,648)

14. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The Regional Health Authority is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the Regional Health Authority's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

  cash and short term investments
  accounts receivable
  accounts payable
  accrued salaries and vacation payable

- For investments, the fair value is considered to approximate quoted market values.

- The fair value of mortgages payable before the repayment required within one year, is $9,118,697 (2006 - $8,757,916) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

d) Short-term Borrowing/Operating Line-of-Credit

The Regional Health Authority has a line-of-credit limit of $1,000,000 (2006 - $1,000,000) with an interest rate charged at prime minus 0.25%, which is re-negotiated annually. The line-of-credit is secured by an Overdraft Borrowing Agreement supported by a Borrowing Resolution and by an assignment and hypothecation of revenues. Total interest paid on the line-of-credit in 2007 was $625 (2006 - $2,428).

15. Volunteer Services

The operations of the Regional Health Authority utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. North Sask Laundry and Support Services Ltd.

Prince Albert Parkland Health Region is one of four shareholders of North Sask Laundry and Support Services Ltd. North Sask Laundry and Support Services Ltd. supplies laundry services to its owners for a fee that is intended to insure the laundry has sufficient cashflows to operate effectively. The Laundry is incorporated under the Saskatchewan Business Corporations Act and is treated as a not for profit company for tax purposes. The Board of Directors of Prince Albert Parkland Health Region passed a motion to guarantee a proportional share (1/4) of an operating loan for the laundry service, representing a potential liability of $ 64,071.

17. Contingent Liability

Joint Job Evaluation Reconsideration

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time there are outstanding reconsiderations on which the Steering Committee has yet to reach a final decision. The results of outstanding reconsiderations are currently unknown, therefore, the cost of these reconsiderations cannot be reasonably determined.

18. Cash and Short term Investments

Included in the Cash and short-term investments are inter-fund loans between the Operating and Capital funds. The balance of the inter-fund loan as at March 31, 2007 was $2,675,690. The Operating and Capital cash balances would be $6,926,264 and $4,207,137 respectively if the inter-fund loan was disclosed separately.

19. Comparative Information

Certain 2005-06 balances have been reclassified to conform to the current year's presentation.

APPENDIX A

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2007

As part of government's commitment to accountability and transparency, the Department of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Copies of the Payee Disclosure List may also be obtained by contacting Prince Albert Parkland Health Region at 765-6409.

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2007

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Ahenakew, Sheila	$	65,419
Allen, Aleta		78,751
Allen, Marlene		75,882
Allen, Olga		65,878
Amundson, Lucille		62,167
Anaka, Kim		74,436
Anderson, Brian		51,515
Anderson, Shelly		58,032
Andre, Brenda		53,863
Antoine, Jane		68,183
Appleyard, April		56,431
April, Susan		55,898
Arcand, Roxanne		63,818
Archer, Margaret		64,292
Arnason, Tanya		62,840
Asmussen, Crystal		63,278
Balicki, Lennie		78,835
Balicki, Lesia		84,936
Balicki, Sherry		59,083
Balicki, Valerie		60,098
Ballantyne, Betsy		57,740
Balon, Dorothy		59,815
Balone, Claire		80,302
Balone, Yvonne		77,870
Barkhouse, Janelle		55,089
Bather, Diane		57,476
Batty, Darlene		79,782
Beauchesne, Laura		57,341
Beaulac, Alice		66,055
Beaulieu, Dolores		71,862
Beaurivage, Bruce		95,268
Beddome, Judy		55,662
Bedi, Dona		68,369
Benard, Anita		62,224
Benoit, Denise		78,591
Benson, Barbara		56,118
Benson, Lance		61,124
Berg, Lynnda		119,643
Berg-Kolody, Lisa		92,663
Best, Margot		84,544
Bibby, Brad		58,355
Billay, M. Elaine	$	65,549
Birdsall, Judy		77,208
Birkland, Carroll		74,804
Bissky, Boris		56,576
Bissky, Doris		51,104
Blain, Bernadett		59,877
Blair, Michelle		67,686
Blechinger, Charity		51,783
Bodnarchuk, Marjorie		79,684
Bonar, Connie		61,972
Bourgeios, Michelle		53,692
Boychuk, Lois		105,794
Boyko, James		53,165
Boyse, Laura		52,437
Braaten, Candy		60,741
Brad, Donna		106,716
Bravo, Marta		59,234
Bray, William		59,879
Breker, Brenda		56,324
Bridge, Gary		87,839
Briere, Dianne		69,377
Brits, Nico		317,164
Brockman, Antoinett		58,393
Brooks, Joanne		67,006
Brown, Lisa		51,151
Brown, Pamela		55,591
Buckingham, Katheryn		51,832
Cabaluna, Roberto		70,204
Cadieu, Bonnie		65,256
Callaghan, Patricia		73,846
Camche, Allisyn		58,680
Cameron, Dwayne		57,646
Campbell, Carol		66,796
Campbell, Lorraine		66,106
Camponi, Rosa		52,184
Canning, Randy		78,636
Carrier, Janet		54,762
Carruthers, Glenn		72,912
Chambers, Lisa		57,743
Chaudry, Zubaida		262,141
Chedogi, Mariusz		54,386

Chelsey, Sharonlee	$ 104,643
Christiansen, Lori	54,639
Clark, Janet	60,886
Clarke, Glenis	62,040
Clarke-Goertz, Kimberley	67,952
Cochrane, Michelle	63,849
Connolly, Wade	50,863
Cook, Delphine	58,295
Cook, Donna	71,371
Cook, Wanda	64,875
Cooke, Gaylene	69,341
Cooling, Jerrilyn	51,818
Cooper, Sheila	77,523
Cottrell, Karen	67,077
Coutu, Jas	53,899
Couture, Patricia	75,284
Crellin, Margaret	79,192
Crossland, Brenda	55,987
Crowe, Julie	53,017
Cutting, Eunice	62,514
Dagenais, Karen	80,173
Dagenais, Shawn	55,584
Dahl, Doug	54,299
Dahl, Janet	82,094
Danger, Betty	55,826
Daniels, Doris	59,987
Danielson, Debra	65,674
Dansereau, Marcia	53,944
Darbyshire, Diana	74,014
Davidson, Elbert	56,184
Deforest, Jacquelin	56,921
Delparte, Corinne	68,627
Denis, Alison	61,704
Denis-Blais, Dianne	74,231
Dewhurst, Bonnie	54,073
Dickson, Cathy	63,162
Diemert, Jackaleen	54,219
Disiewich, Karen	55,475
Dogniez, Hal	67,979
Dooley, Nikki	55,294
Dorosh, Perpetua	79,027
Doucette, Florette	51,147
Dougan, Beverley	78,682
Dowling, Deanne	70,364
Downey, Sherryl	54,243
Drieschner, Arlene	70,023
Dryka, Ruth	60,209
Dubyk, Deborah	57,553
Dumais, Arlene	65,959
Dupuis, Jocelyne	55,815
Dupuis, Sheila	66,333
Dupuis, Tracy	60,098
Duret, Aline	$ 55,766
Dusseault, Jacquelin	60,042
Eckel, Dana	59,986
Elliott, Cheryl	84,359
Emmerson, Angela	68,025
Enns, Brett	95,876
Ens, Jodi	70,245
Epp, Dorothy	62,614
Fahlman, Theresa	61,829
Folloon, Nadine	76,009
Famulak, Kevin	66,469
Farthing, Krista	80,850
Fauchoux, Elaine	56,853
Fecyk, Diana	87,544
Fee, Christal	52,741
Fehr, Darlene	73,509
Feist, Eugene	53,179
Feland, Leslie-An	63,600
Ferguson, Tom	67,979
Fiddler, Charity	51,721
Fiddler, Danielle	61,213
Fisher, Barbara	78,060
Fjeld, Terry	51,660
Forbes, Lorraine	59,896
Ford, Audrey	54,057
Forrest, Jennifer	56,321
Franc, Joanne	80,081
Franc-Beaurivage, Lydia	84,359
Fredeluces, Hazel	81,308
Fremont, Barbara	60,428
French, Brenda	54,765
Friesen, Terry	53,419
Frohaug, Lori	90,535
Furber, Christine	69,318
Fyrk, Lynda	69,124
Gale, Crystal	52,024
Gardiner, Christine	68,782
Gasior, Joan	119,643
Gatin, Peggi-Lyn	60,752
Gaudet, Dean	58,092
Gaudet, Dori	63,047
Gaudette, Mary	52,531
Gaveronski, Nancy	66,444
Genest, Doreen	52,341
Georget, Alden	59,927
Gignac, Laura	84,943
Gillis, Tammy	66,712
Glass, Sandra	67,038
Glover, Mark	58,876
Goller, Shelley	68,159
Gordon, Cathy	52,046
Gordon, Shannon	51,556

Gould, Cahterine	$	60,882
Goy, Jackie		53,019
Gray, Vivian		80,379
Gregoryk, Carol		88,866
Grimes, Lisa		53,862
Guitard, Michelle		55,660
Gunn, Karen		90,832
Halcro, Quentin		83,169
Halsall, Dawn		62,528
Hamborg, Eileen		56,410
Hamilton, Neil		55,554
Hamilton, Trudy		67,404
Hamlyn, Muriel		63,363
Harach, Mary		50,842
Hareuther, Jennifer		73,693
Hargrave, Harold		66,389
Harradence, Lisa		70,285
Harrison, Loraine		68,720
Hart, Lyla		78,852
Hayes, Linda		92,129
Hebblethwaite, Joanne		55,084
Heebner, Sonia		66,639
Hein, Edith		65,549
Hercina, Karen		53,893
Heroux, Wendy		65,172
Hicks, Carrie		92,663
Hipkiss, Nadine		68,731
Hnidek, Frances		51,443
Hobson, Traci		68,538
Holmgren, Kathy		60,420
Honig, Colleen		55,887
Hornung, Joan		59,989
Hourie, Michelle		53,933
Hradecki, Kimberley		57,711
Hrenyk, Loretta		50,311
Hrynuik, Karen		68,309
Hunt, Cecile		122,013
Hunter, Kathryn		77,667
Hupaelo, Caroline		54,588
Huska, Lorraine		51,688
Ilnisky, Janet		74,399
Isbister, Valerie		53,881
Iverson, Cathy		57,314
Jacklin, Elizabeth		52,342
Jackow, Deborah		69,956
Jacobs, Katharine		58,241
Jahn, Sonya		61,124
Janzen, Laurie		62,092
Jerome, Lois		61,035
Johnson, Darlene		50,828
Johnson, Ian		56,024
Johnson, Lorraine		77,572
Johnston, Merle	$	61,685
Jonasson, Joann		64,774
Jones, Moniqua		66,403
Joo, Cheryl		71,485
Jurgens, Douglas		102,243
Kacher, Jane		76,682
Kalyniuk, Deanna		63,563
Kaminesky, Gail		60,194
Kaminsky, Donna		72,541
Kapacila, Jan		58,986
Kaptein, Karen		80,740
Kardash, Johanne		75,961
Kaye, Joyce		53,421
Kaytor, Laura		67,951
Kazmiruk, Eloise		90,298
Keating, Sandra		73,745
Kendel, Pamela		60,453
Kennedy, Morgan		112,870
Kenny, Samantha		76,813
Kent, Debbie		59,089
Kitching, Karen		51,468
Knoke, Julia		51,858
Knudsen, Robin		69,433
Knutson, Janelle		66,638
Koeberlin, Lucille		58,166
Koetse, Edna		69,099
Kohut, Erin		67,477
Kolendreski, Dwayne		65,149
Kopperud, Debra		62,288
Korody, Sharon		70,692
Kotyk, Jaelynn		67,373
Kowalczyk, Carmen		56,060
Krawec, Carmen		56,719
Krider, Roberta		61,558
Krsacok, Marilyn		57,371
Ksyniuk, Denise		55,326
Kukac, Charline		60,531
Kutnikoff, Joanne		51,364
Kwiatkowski, Brenda		51,743
Kwok, Joanne		105,074
Labine, Stephen		54,804
Labiuk, Pearl		52,372
Lai, Yun		75,572
Laidlaw, Sally		78,431
Lajeunesse, Joanne		83,602
Lalonde, Annie		64,834
Lamothe, Marilyn		76,674
Lang, Bridgette		54,036
Laturnas, Laurie		68,137
Lauterbach, Barbara		79,480
Lawson, Tammy		61,742
Lawson, Terry		54,178

Leaderhouse, Richard	$	53,073
Leeb, Sonya		86,020
Lehmann, Diane		61,243
Lehner, Nola Rae		59,062
Lepage, Adrien		58,821
Leschyshyn, Cynthia		57,630
Lesko, Carla		60,611
Leslie, Trish		68,095
Levesque, Barbara		55,647
Lloyd, Kellene		70,954
Loewen, Norma		64,855
Longpre, Donna		113,875
Love, Crystal		64,911
Lukowich, Arlene		55,935
Lysitza, Corinna		68,741
Lysitza, Susan		61,883
Lysk, Irene		61,801
Macfie, Vikki		55,079
Macneil, Bev		56,936
Madraga, Lisa		65,520
Madwid, Doreen		55,663
Magnusson, Eva		58,881
Manship, Eileen		60,853
Marchildon, Ginette		58,789
Marion, Irene		74,462
Marion, Melanie		60,635
Marshall, Patricia		87,898
Martens, Sonya		51,532
Martodam, Roseline		69,297
Martsinkiw, Mary-Lou		76,724
Mason, Pauline		64,941
Massey, Geraldine		59,992
Matwishyn, Debbie		63,430
Matzner, Juliette		71,246
McAvoy, Heather		63,323
McCan, John		68,862
McCready, Deborah		65,348
McDonald, Barbara		100,427
McDougall, Brenda		55,196
McKinnon, Linda		61,175
McKnight, Francine		54,025
McLaughlan, Sylvia		54,111
McLean, Catherine		64,651
McMunn, Brenda		51,530
McNamee, Judith		90,486
McNeice, Bonnie		54,730
Merasty, Arthur		54,963
Meyers, Pam		58,130
Michalski, Roman		330,856
Mierke, Flo		55,965
Miller, Rhonda		64,993
Mills, Brenda		54,299
Mills, Rae	$	59,109
Mischuk, Connie		56,819
Mitchell, James		54,913
Moar, Elizabeth		64,988
Morash, Sharla		52,535
Morley, Michelle		66,120
Morrow, Eva Marie		69,684
Moss, Lori		52,008
Mourot, Robin		56,751
Moyer, Patsy		58,774
Muir, Catherine		71,836
Muller, Sharon		53,380
Mychan, Shannon		50,183
Nagy, Allison		53,193
Nagy, Dawn		56,687
Nahachewsky, Donna		78,636
Neilson, Joyce		60,327
Nelson, Darcie		76,349
Neufeld, Agatha		58,560
Neuman, Elaine		62,826
Newhouse, Sandra		80,111
Nicholson, Elaine		67,520
Nicholson, Laura		70,140
Nikolaisen, Cinthia		65,248
Northey, Janice		54,422
Nutter, Donna		55,906
Nykiforuk, Patricia		71,797
Olde, Stephen		74,219
Olson, Sharon		62,543
Olson, Sherry		60,306
Olthuis, Kathryn		54,937
Otte, Sharon		59,495
Palm, Donna		71,259
Pannell, Maureen		55,057
Parchomchuk, Lynn		60,138
Parent, Eyvette		69,966
Parent, Kim		50,376
Parenteau, Susan		65,084
Paul, Lendra		80,971
Payne, Trina		57,258
Peake, Mary		53,840
Pelletier, Jean		74,205
Penner, Grace		50,870
Penzes, Verna		54,299
Perreault, Judith		61,124
Person, Brenda		79,750
Phaneuf, Shawn		89,780
Pidborochynski, Leona		56,370
Piggott, John		122,915
Pilon, Gail		67,325
Poetker, Pat		63,246
Porter, Barbara		76,964

Porter, Pamela	$	90,076
Poulin, Louis		131,270
Powers, Carley		52,222
Pratt, Barbara		52,797
Prediger, Cheryl		92,714
Prete, Carol		58,465
Proulx, Jennifer		83,709
Puetz, Leah		61,746
Quinn, Barbara		52,956
Rancourt, Nicole		51,066
Randall, Brenda		53,353
Rask, Lynn		83,290
Reed, June		81,403
Reid, Maureen		59,654
Reiner, Heather		64,199
Riekman, Marilyn		68,334
Rishchynski, Kathy		63,534
Ritchie, Hugh		94,068
Robert, Lorna		66,446
Robins, Barbara		67,171
Robinson, Sherry		67,497
Rodier, Carole		72,416
Rolles, Cory		68,975
Romanchuk, Monica		57,136
Ross, Paul		82,737
Ross, Penny		74,851
Ross, Peter		66,481
Roth, Alice		71,593
Rothenburger, Susan		51,144
Rousson, Audrey		76,317
Roy, Jeannine		55,825
Rung, Marjory		59,364
Russell, David		53,509
Ruszkowski, Annette		56,606
Rye, Christine		62,449
Sand, Jolean		54,730
Sande, Danielle		63,478
Sanders, Beverly		71,220
Sanders, Kendra		54,079
Sanderson, Nicole		53,297
Sarchuk, Brenda		61,602
Sauve, Barb		59,892
Sauve, Jocelyn		64,064
Sawchuk, Kelly		52,618
Sayer, Patti		92,017
Schenn, Joanne		58,124
Schopp, Ashley		55,746
Scowen, Tasha		52,415
Scrivener, Diane		86,116
Seesequasis, Arlene		60,391
Seidle, Laura		67,340
Serfas, Dennis		57,456
Settee, Tina	$	51,150
Sevigny, Kendra		52,724
Short, Carla		61,959
Shyluk Linda		59,843
Simpson, Frances		66,865
Sinclair, Pamela		55,571
Skarpinsky, Betty		83,588
Skibinsky, Debbie		62,782
Skifington, Rikki		76,696
Skinner, Sharon		60,932
Smandych, Donna		88,044
Smith, Jennifer		69,883
Smith, Raylene		54,131
Smith, Susan		54,499
Sommerfeld, Antonia		80,827
Sommerfeld, Brenda		72,710
Sopal, Chris		58,474
Sorenson, Connie		57,485
Spademan, Gaye		58,874
Spence, Carolyn		52,125
Spence, Gary		58,142
Spicer, John		56,157
Springer, Paulette		89,921
Stadnyk, Lori		57,244
Stefanyshyn, Cari-Ann		96,190
Stenz, Edeltrud		54,686
Stevenson, Cheryl		71,277
Sthamann, Michele		62,661
Stiglitz, Margaret		54,318
Stochmanski, Mavia		54,209
Stocki, Julie		60,185
Straughan, Tracey		68,332
Street, Michelle		62,951
Strom, Carolyn		58,531
Stuart, Patricia		89,580
Suchorab, Frank		92,306
Suchorab, Linda		64,561
Sutton, Wendy		65,759
Swanson, Marlene		54,328
Tait, Darren		50,303
Tarasiuk, April		52,984
Taylor, Jean		50,316
Taylor, Jeremy		74,174
Taylor, Tara		53,780
Tetarenko, Wallace		56,750
Thesen, Barbara		70,257
Tholl, Betty		73,859
Thomas, Yvette		74,747
Thompson, Donna		58,927
Thompson, Elizabeth		66,659
Thompson, Kimberly		61,895
Thompson, Tannice		80,453

Tilford, Tom	$	63,467
Toner, Kimberley		80,180
Topping, Debra		72,666
Torborg, Alice		72,335
Tourond, Lori		62,437
Trask, Elva		53,872
Trueman, Carol		73,581
Tucker, Nola		64,458
Udey, Carolyn		61,130
Ulch, Gwen		67,689
Underhill, Carla		84,250
Viklund, Dianne		61,082
Vincent, Lisa		54,960
Walker, Victoria		54,456
Wall, Cynthia		60,019
Walter, Barbara		65,633
Walters, Jackie		55,415
Warkentin, Barbara		74,867
Waslak, Mary		61,002
Wason, Richelle		61,325
Waslyshyn, Shelley		66,808
Watts, Muriel		64,049
Weber, Pat		57,089
Weinrich, Bette Ann		55,854
Weir, Amanda		52,298
West, Pamela		51,835
White, Millicent		55,002
Wick, Linda		61,449
Wiederspick, Mildred		71,502
Wiese, Melissa		78,152
Willoughby, Dinah		74,200
Wilson, Cheryl		72,486
Wilson, Shelley		80,713
Winge, Deborah		67,199
Wiser, Valerie		62,572
Wishnowski, Arnelle		64,952
Witcombe, Wanda		60,536
Wright, Louise		71,448
Wyand, Ron		62,171
Young, Holly		71,675
Zagiel, Lynda		61,661
Zaleschuk, Richard		65,204
Zanidean, Darlene		68,299
Zbaraschuk, Kelly		65,661
Zelowsky, Susanne		74,680
Zentner, Neil		108,699
Zummack, Glendene		50,337
Zwack, Monique		79,394

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

Blaine Lake Ambulance	$	251,446
Canadian Mental Health Assn		145,674
Cooperative Health		155,127
Mont. St. Joseph Home Inc.		6,272,724
P.A.C.A.D.A		339,600
Parkland Ambulance		1,668,249
Prince Albert Mobile Crisis Unit		64,000
S.H.A.R.E.		438,218
Spiritwood Ambulance		693,913

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

627577 Saskatchewan Ltd	$	89,019
3130827 Canada Inc (CPDN)		864,623
Abbott Laboratories Inc		120,002
Alcon Canada Inc		438,622
Alliance Energy		73,733
Assil Enterprises		54,945
Associated Radiologists		641,953
Baxter Corporation		79,574
Beckman Coulter		73,653
Biomed Recovery & Disposal		133,252
Bomimed Inc		127,026
Bunzly Distribution Inc.		157,208
Canadian Corps of Commisionaires		389,410
Can-Med Health Care		130,162
CEG Energy Options		628,991
Cherry Insurance		101,057
City of Prince Albert		327,733
CUPE Local 4777		850,442
Dade Behring		285,488
Delisle Computer Consulting		116,353
Dept of Property Management		384,393
Dr. Al-Maini, Mustufa		106,990
Dr. Alshangiti, Fatma		188,369
Dr. Baqir-Hussain		331,544
Dr. Basson, Nico		270,124
Dr. Beyani-Mulaisho, Namblzi		162,437
Dr. Bulat, D – Professional Corp		329,528
Dr. Clarke, Eric		297,992
Dr. Coertze, Louis		153,870

Dr. Cooper, Lilanie	$	331,728
Dr. Garach, Anil		307,742
Dr. Hameed, Asiya		334,903
Dr. Harris, Steven		88,560
Dr. Hussain, M.Z.		71,585
Dr. Ilie-Haynes, Radu		317,631
Dr. Kukkadi, Z.		165,536
Dr. Lambos, Peggy		321,056
Dr. Lanoie, L.		169,134
Dr. Malhotra, T.		309,586
Dr. Marais, S.		52,200
Dr. Marten, D.		222,919
Dr. Moodley, Santheran		55,791
Dr. Mulaisho, Beyani		57,853
Dr. Pillay, Y.		318,019
Dr. Rahmani, Mohammad		321,086
Dr. Raja, Faisal		176,352
Dr. Ramji, A.		327,388
Dr. Rashid		51,320
Dr. Rossouw, Francois		288,799
Dr. Royeppen, E.		354,458
Dr. Shukla, K.		79,914
Dr. Steyn, Jacob		162,793
Dr. Subramanian, Anant		124,298
Dr. Syed, Asif Ali		106,698
Dr. Tennent, Alison		187,536
Dr. Van der Merwe, Sybil		212,298
Dr. Valabjee, Vimul		110,653
DR. WADDELL, IAN		124,296
Dr. Wessels, Johan		212,541
Dr. Yachad, Ravine		375,339
EECOL Electric Ltd		81,909
Family Service Regina		75,000
GAMBRO Inc.		402,952
Geanel Restaurant Supplies		55,669
GE Healthcare		179,610
Granite Construction		118,342
Grand & Toy		237,585
Great West Life		458,156
Health Sciences Assc of Sask		94,118
Hill-Rom Canada		104,956
Horizon Computer Solutions		156,122
Hospira Healthcare Corporation		641,586
IBM Canada		1,194,160
Janssen Ortho Inc.		326,014
Johnson & Johnson Medical Prod.		221,115
Kildaw, Karen		125,850
KIN Enterprises		65,555
Linvatec Canada		71,932
Lundell, Dan		55,000
Mastercard	$	98,854
Mckesson Canada Corporation		389,632
Nicole Enterprises		599,691
North Sask Laundry & Support		1,998,611
Northern Grocers Inc.		145,172
P.A. Rental & Leasing Services		93,259
Parkland Ambulance		251,676
Peridot Medical Inc.		107,293
Prairie Meats		121,267
Prince Albert Insurance Ltd.		194,312
Roche Diagnostics		165,684
Saputo Milk Division		136,782
Sask Energy		691,287
Sask Power		1,005,924
Sask Worker's Compensation Board		1,826,430
Sask Property Management		214,602
Sask-Tel		369,796
Sask-Tel Mobility		113,205
Schwaan Healthcare Products		1,621,761
Shellbrook Agencies		62,539
Smiths Medical Canada Ltd		89,775
Smith & Nephew Inc.		185,820
Source Medical Corporation		246,963
SRNA		168,932
Steris Canada Limited		144,232
Sunspun Food Services		136,793
SYSCO Food Services		954,308
Thorpe Brothers Ltd		322,129
TYCO Healthcare Group Canada		126,507
Unisource Canada Supply Systems		52,037
Vitalaire Healthcare		156,137
Xerox Canada Ltd		80,642
Zep Factory Outlet		111,624
Zimmer of Canada Limited		101,822

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Minister of Finance	$	263,226
Public Employees Benefit Agency		250,823
Receiver General for Canada (CRA)		24,219,791
S.A.H.O.		5,160,960
SASK UNION OF NURSES (VIC)		74,332
SASK UNION OF NURSES-REGINA		335,954
SHEPP		7,455,965